

EXHIBIT 31

Jobvite - Candidate Form

Employment Application

Submitted: Sunday, November 27, 2011 7:31 PM
By: Ruben Juarez
For: Manufacturing Equipment Specialist (SMT)
Req ID: 430

SpaceX Employment Application

Thank you for your interest in employment with SpaceX. Your skills, abilities, experience, and education will be considered in a non-discriminatory manner for vacancies in the specific job you indicate. Selections will be made on the basis of job-related qualifications. The information herein is regarded as confidential and is, together with all attached documentation, the property of SpaceX. Please complete this form fully, accurately, and honestly to show your qualifications for the specific job you seek.

All fields marked with an asterisk "*" are required to submit this application. Any fields without an asterisk "*" are not required at this time, but are available for you to share your background information if you decide.

When you have completed the form and reviewed the "Reference Authorization" and "Acknowledgements" sections please click the Submit button at the end of this page.

I. Personal Information

Please provide a complete profile of your contact information so that we may be able to reach you accordingly.

Legal First Name Ruben
Legal Middle Name Hernandez
Legal Last Name Juarez
Email Address rubjua70@yahoo.com
Primary Phone # 818 832 0213
Secondary Phone # 818 294 6356

Current Address

Please provide your current address.

Granada Hills, CA

Permanent Address

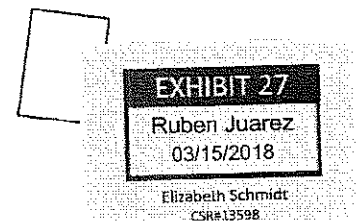
If your permanent address is different from current address, please use this section to note the distinction.

II. Application Information

This section pertains to necessary information we need to process your application.

Are you legally authorized to work in the United States? I am authorized to work in the United States for any employer.

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Please note that if you are hired you will have to present evidence of your right to work in the United States no later than the first day of your employment.

Are you at least 18 years old? Yes

Are you willing to relocate? No

Are you able to perform the job functions? Yes

Can you perform the essential functions of this job with or without reasonable accommodation? Yes

Are you willing to work overtime if necessary? Yes

When are you available to begin work at SpaceX? 12/19/2011

What is your desired salary? 65,000 Yr

Do you have any friends or relatives currently working at SpaceX? No

If yes, state name(s) and relationship:

Having a friend or relative who works for SpaceX will not disqualify you from employment, but SpaceX will not place you in a direct or indirect supervisory or reporting relationship to a friend or relative.

Have you ever been convicted of a misdemeanor or felony? Yes

If yes, state the nature of the felony(s) or misdemeanor(s), when, and where convicted and disposition of the case. DUI on 2003 Los Angeles CA Community service, AA meetings, Pay a fine.

III. Educational Background

Please list any universities, colleges, or schools you have attended in descending order.

School #1

School Name Los Angeles Valley College
Country/Region Los Angeles CA
Major Electronics
Degree Type Associate Degree
GPA (Overall) 3.25 - 3.50
GPA (Major) N/A
Status Currently Attending
Start Date 1/1/2007
End Date

School #2

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School Name
Country/Region
Major
Degree Type
GPA (Overall)
GPA (Major)
Status
Start Date
End Date

School #3

School Name
Country/Region
Major
Degree Type
GPA (Overall)
GPA (Major)
Status
Start Date
End Date

SAT Score N/A
ACT Score N/A
GRE Score N/A

Other Training/Skills

Solder Wave Maintenance and Process
Vitronics Soltec Inc. Stratham, NH

Through Hole Equipment, Maintenances
and Troubleshooting VCD, Radial
Universal Instruments (in-house training)

Root Cause Analysis
CSUN, Los Angeles CA

Wire Bonder Programming
Kulicke & Soffa, Fort Washington, PA

Lead Former: CF8, CF10
GPD Global, Grand Jct., CO

AutoCAD
US CAD, Los Angeles, CA

Circuit Cam (Equipment programming) San Jose, CA

Fuji Equipment Programming software:
MC16, F4G, Fuji Cam, Fuji Flexa
Fuji America, Vernon Hills, IL

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Fuji Equipment Maintenance and Troubleshooting:
CP4, CP6, CP7, IP1, IP2, QP242, QP341
Fuji America, Vernon Hills, IL

SMT Programming
MYDATA, Rowley, MA

SMT Basic Operation

MYDATA, Rowley, MA

Master Cam
Los Angeles Valley College, Los Angeles, CA

Operation of Conventional Lathe and Milling machine
Los Angeles Valley College, Los Angeles, CA

IV. Employment Background

Please list most recent jobs first and account for all periods of time within the last ten years, including periods of unemployment and the reasons thereof.

May we contact your present employer? No

If yes, initial here:

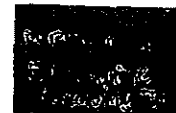
Company #1

Company Name EMI
Job Title Manufacturing Engineer
Years 1
Start Date 5/31/2010
End Date
Direct Supervisor Andrew Lechuga
Supervisor Title M.E Manager
Company Phone 714 979 2228
Starting Pay Rate 57,000 Yr
Final Pay Rate 65,000 Yr
Reason for Leaving Still Currently Working
Explanation of Leaving
Is it OK for us to contact this company? No

Company #2

Company Name Moore Industries
Job Title Manufacturing Engineer
Years 2
Start Date 5/1/2007

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End Date 5/15/2009
Direct Supervisor Lisa Last name not available
Supervisor Title Production Scheduler
Company Phone 818 874 7111
Starting Pay Rate 54,000
Final Pay Rate 57,000
Reason for Leaving Laid Off
Explanation of Leaving Company reorganization
Is it OK for us to contact this company? No

Company #3

Company Name Magnetek/ JMR electronics
Job Title SMT manager
Years 1
Start Date 1/2/2006
End Date 1/1/2007
Direct Supervisor Ernie Escobar
Supervisor Title General Manager
Company Phone 800 288 8178
Starting Pay Rate 75,000
Final Pay Rate 75,000
Reason for Leaving Other
Explanation of Leaving Company division was sold to Power-One
Is it OK for us to contact this company? Yes

Company #4

Company Name ISI
Job Title Manufacturing Engineer/SMT manager
Years 4
Start Date 6/3/2002
End Date 12/30/2005
Direct Supervisor John Crawford
Supervisor Title Operation Manager
Company Phone 805 482 2870
Starting Pay Rate 45,000
Final Pay Rate 65,000
Reason for Leaving Other

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Explanation of Leaving New Job

Is it OK for us to contact this company? Yes

V. Reference Check

Please list at least two former managers or persons whom you delivered work to. Also, please list a phone number and/or email address for each person.

Reference #1

Name John Crawford
Relationship Former Manager
Job Title Operation Manager
Company ISI
Phone (805) 482-2870
Email N/A

Reference #2

Name Scott Alyn
Relationship Former manager
Job Title President and Founder
Company Electronics Source Company
Phone 818-988-7696
Email s.alyn@electronic-source.com

Reference #3

Name Lee. R. Mannheimer
Relationship Client
Job Title Company President
Company CTL Inc.
Phone 805 490-0621
Email N/A

VI. Reference And Background Check Authorization

I hereby authorize SpaceX and its agents to independently research my background, character, past employment and education. I hereby authorize every person, business, employer, governmental agency, court, financial institution, police department, motor vehicle department, licensing agency, school, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to SpaceX or its designated agents any such information, records, or any other pertinent data, and to permit SpaceX or any of its agents to inspect and make copies of such documents, records, and other information.

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I further understand that if information from a credit report (pursuant to the Fair Credit Reporting Act – FCRA) is used for employment purposes, SpaceX will obtain prior authorization from me, and that the information in the report will not be used in violation of any federal or state laws.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I release SpaceX and its agents from any and all liability, claims or lawsuits relating to SpaceX's investigation and/or use of the information obtained from any and all of the above-referenced sources. I agree to defend, indemnify and hold harmless SpaceX and its agents from any and all claims or lawsuits that may result from SpaceX's investigation or actions taken as a result of its research.

If you understand and agree to the Reference And Background Check Authorization terms listed above, please check the "I authorize the reference and background checks" box below.

☐ I authorize the reference and background checks

VII. Acknowledgements

I understand that if I am hired, I will be required to provide documents which will verify my identity and eligibility to work in the United States, in compliance with the Immigration Reform and Control Act of 1986.

I understand that failure to reveal any prior employment I have had within the past 10 years or the providing of any false or misleading information that is incorrect, incomplete, or untrue, may be grounds for refusal to hire or immediate termination of employment if SpaceX hires me, regardless of when SpaceX discovers the correct information.

I understand that if I am hired, I agree to sign the SpaceX Proprietary Information and Inventions Assignment Agreement. I also understand that if I am hired and before I begin working at SpaceX, I will not improperly use or disclose any proprietary or confidential information of any present or past employers. I understand that all SpaceX employees are "at will" employees. This means that if SpaceX hires me I may resign my employment at any time, for any or no reason. Similarly, SpaceX may terminate my employment at any time, with or without notice, for any or no reason. SpaceX also reserves the right to determine and change at any time my job duties, title, level and responsibilities, reporting relationships, compensation and benefits, as well as its personnel policies and procedures for any reason or for no particular reason or cause. No promise or representation contrary to the foregoing is binding on SpaceX unless made in writing and signed by the CEO of SpaceX and me. I certify that the information provided in this application is accurate.

If you understand and agree to the Acknowledgments listed above, please check the "I understand and agree" box below.

☐ I understand and agree

VII. Non-Disclosure Agreement

This Employment Application Nondisclosure Agreement ("Agreement") is entered into by and between the individual identified below ("Applicant") and Space Exploration Technologies, a Delaware corporation, for itself or any of its subsidiaries, affiliates, employees, agents or contractors (collectively, "SpaceX"), effective as of the date set forth under Applicant's signature below.

In consideration of SpaceX's agreeing to consider Applicant for employment and/or disclosing to Applicant information regarding SpaceX's operations and business, Applicant and SpaceX hereby agree as follows:

1. Confidentiality Obligations.

(a) Information Disclosed by SpaceX. Subject to the limitations in Section 2 below, Applicant will keep in strict confidence all information (whether of a technical, business or other nature) disclosed to Applicant by SpaceX. The restrictions in this Section 1(a) will apply to information disclosed verbally, in writing or otherwise. Disclosure of any information by SpaceX does not grant Applicant any license under any patent, copyright, trade secret or other intellectual property right of SpaceX.

(b) Prior or Current Obligations. Applicant will not use or disclose to SpaceX any inventions, trade secrets, confidential or proprietary information or material belonging to any other party (including all current and former employers). Applicant will not breach any agreement to keep such inventions, trade secrets, confidential or non-public proprietary information or material in confidence. Applicant will not induce SpaceX to use any inventions, confidential or non-public proprietary

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information or material belonging to any other party.

2. Limitation on Confidentiality Obligations. The restrictions in Section 1 above do not apply to any information that: (a) was known to Applicant without restriction before receipt from SpaceX as demonstrated by files in existence at the time of disclosure; (b) is rightfully received by Applicant from a source other than SpaceX without a duty of confidentiality; (c) is or becomes publically available other than through a breach of this Agreement; or (d) is independently developed by Applicant without reference to information disclosed by SpaceX and such independent development can be shown by documentary evidence. Applicant may disclose confidential information when compelled to do so by law if it provides reasonable prior notice to SpaceX, unless a court orders that SpaceX not be given notice.

3. Evaluation of Potential Employment. Applicant may share the fact that he / she interviewed with SpaceX and visited SpaceX's facilities and the terms of any written offer of employment by SpaceX, if such offer is extended.

4. Copies; Return of Materials. Applicant will not copy or reverse engineer all or any part of any information covered by the restrictions in Section 1 above, and will promptly return all materials containing or summarizing any such information to SpaceX upon conclusion of Applicant's discussions with SpaceX, or in any event upon SpaceX's request.

5. Voluntary Assistance to SpaceX. Applicant is under no obligation to give SpaceX any ideas, suggestions, comments or other feedback related to SpaceX's business or operations. If Applicant shares any ideas, suggestions, comments, or other feedback with SpaceX during or after the application Page 2 of 2 process, Applicant agrees that SpaceX will own such idea, suggestion, comment or feedback. Applicant hereby assigns all of his/her right, title, and interest in such idea, suggestion, comment, or feedback to SpaceX, and agrees that SpaceX will be free to use and implement same, without restriction or obligation of any kind. This Agreement does not create any agency or partnership relationship and imposes no obligation to proceed with any business transaction between Applicant and SpaceX.

6. Termination. Either party may terminate this Agreement with thirty days prior written notice, but this agreement's provisions will survive and continue in effect as to confidential information that is disclosed before termination for so long as such information remains confidential or proprietary.

7. Jurisdiction. This Agreement will be governed by the laws of the state of California, excluding its conflict-of-laws principles. Exclusive jurisdiction over and venue of any suit related to this Agreement shall be in the state and federal courts of Los Angeles County, California. Failure to enforce any provisions of this Agreement will not constitute a waiver. The prevailing party in any suit related to this Agreement will be entitled to recover reasonable attorneys' fees incurred in connection with such suit. Applicant agrees that any breach or threatened breach of this Agreement will cause irreparable harm to SpaceX for which there will be no adequate remedy at law and that in such event, SpaceX will be entitled, without limitation, to injunctive relief (including specific performance) without the necessity of proving harm.

8. Miscellaneous. This Agreement is not assignable or transferable by either party without the prior written consent of the other party; subject to that limitation, this Agreement will inure to the benefit of and be binding upon the parties and their respective successors and assigns. This agreement is the parties' entire agreement on the subject matter hereof, superseding any prior or contemporaneous agreements with respect thereto, and may not be amended except in writing signed by SpaceX and Applicant.

If you understand and agree to the Non-Disclosure Agreement listed above, please check the "I have read and agree to the NDA" box below.

I have read and agree to the NDA

By clicking the "Submit" button below, I certify that all information in this application is accurate, complete and true to the best of my knowledge.

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Resume for Ruben Juarez

Position: Manufacturing Equipment Specialist (SMT)

Address: United States

Phone: (818) 832-0213

Cell (818) 294-6356

Email: rubjua70@yahoo.com

Ruben Juarez

Granada Hills, California

(818) 294-6356 cell

(818) 832-0213 Home

E-mail rubjua70@yahoo.com

SUMMARY: Goal oriented, hands on individual with over 20 years experience in different areas of electronic manufacturing.

Strengths

Able to work well individually or as part of a team.

Capable to learn tasks and grasp new concepts quickly.

Proficient in communicate concepts to others effectively.

Able to work in a fast-paced environment.

WORK EXPERIENCE

I Manufacturing Process Engineer

EMI Electronics

Santa Ana, CA

(2008-Present)

Responsibilities include: output programs from CAD files and/or Gerber files for router equipment, laser marker/PVA equipment for new/existing clients. Develop process for solder wave equipment including lead and lead free products, design pallets/tooling to be used during wave soldering. Develop work instructions (travelers/flow charts) for new/current products, in charge of modifying travelers/work instructions (ECO's) to comply with IPC and J-STD workmanship standards. Conduct kickoff meetings for NPI. Conduct evaluation test for new material (solder paste, solder wire, solder mask). Out put conformal coating programs per customer request. Develop pallet/board layout via CAD software/cam350, feed back customer for NPI (DFM). Responsible for several counts from bare board to box build.

II Manufacturing Process Engineer

JMR Electronics.

Chatsworth, CA

(2002-2008)

Task include: output programs from CAD files and/or Gerber files for Fuji, MYDATA pick and place equipment and CS400 through-hole equipment. Up-date product revision, order new stencil for (DEK) screen printer. Supervise first articles for NPI, create flow charts to optimize production floor. Assist electrical design department on pallet size and/or board orientation. In charge of ordering equipment spares parts and Update maintenances logbooks. Establish IPC-A-610 training program for electro mechanical assemblers. Monitor re-flow profiles via KIC software. Balance production lines to optimize equipment utilization. Troubleshoot solder problems via SPC. over see all preventive maintenances to minimize down time in production lines, schedule Non-emergency repairs, equipment modification and up-grades, keep records of maintenance to comply with ISO audits, ensure all employees wear safety equipment, developed PMI (Process work instructions), perform root cause analysis.

III. Maintenance supervisor

Electronic Source

Van Nuys, California

(1997 -2002)

functions included: responsible for maintenance and janitorial department, over see all preventive maintenances to reduce down time in production lines, work with production to set-up production lines and to optimize equipment utilization, schedule Non-emergency repairs, equipment modification and up-grades, order consumable parts, keep records of maintenance to comply with ISO audits, schedule toxic waste collections, make sure all employees wear safety equipment, implemented lock-out tag out program to prevent accidents, developed MWI (maintenance work instructions) according to manufacture's recommendations to ensure equipment repeatability and reliability.

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IV. Maintenance technician
Harman Electronics
Northridge, California
(1988 -1997)

Duties included: SET-UP variety of picks and place equipment, through hole and testing, troubleshooting to a board level, keep all mechanical and pneumatic screws drivers to a specified torque, performed preventive maintenance, and routine checks, used performed root caused analysis to prevent down time and bottlenecks, and upgrade equipment.

Education

Currently pursuing a B.S. in Electronics

College
Los Angeles Valley College.
AS Electronics

Los Angeles Valley College.
2 year diploma in Biomedical Equipment Technician

College
North Valley Occupational Center (2yrs)
Power Plant (Aircraft Mechanic)

High School (GED)
San Fernando, CA

Training

Fuji Equipment Programming software: MC16, F4G, Fuji cam, Fuji flexa.
Fuji America, Vernon Hills, IL

Fuji Equipment maintenances and troubleshooting: CP4, CP6, CP7, IP1, IP2, QP242, QP341.
Fuji America, Vernon Hills, IL

Solder Wave maintenance and process.
Vitronics Soltec Inc. Stratham, NH

Through Hole equipment, maintenances and troubleshooting VCD, Radial.
Universal Instruments (In-house training)

Lead former: CF8, CF10.
GPD Global, Grand Jct., CO.

AutoCAD.
US CAD, Los Angeles, CA.

Circuit Cam (Equipment programming)
San Jose, CA.

Root cause analysis.
CSUN, Los Angeles CA.

Wire bonder programming.
Kulicke & Soffa, Fort Washington, PA.

Thermal profile.
KIC (In-house Training)

SMT programming.
MYDATA Rowley, MA.

SMT basic operation.
MYDATA Rowley, MA.

Master Cam

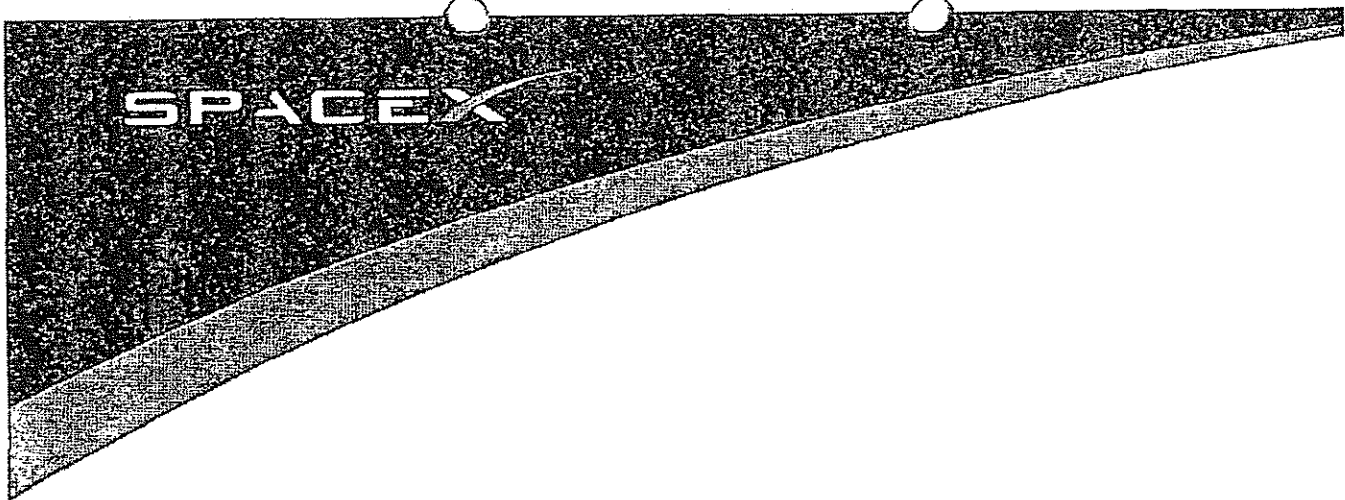
[https://hire.jobvite.com/Hiring/ViewPrintableApplication.aspx?a=pq3dtfwT\[1/26/2012 5:29:24 PM\]](https://hire.jobvite.com/Hiring/ViewPrintableApplication.aspx?a=pq3dtfwT[1/26/2012 5:29:24 PM])

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LAVC Los Angeles CA.

Operation of Conventional Lathe and Milling machine.
LAVC Los Angeles CA

EXHIBIT 32



Thursday, December 29, 2011

Ruben Juarez

Granada Hills, CA

Dear Ruben:

On behalf of SpaceX (the "Company"), I am pleased to offer you the position of Manufacturing Equipment Specialist, reporting directly to John Pena, Production Manager, Avionics Clean Room and overall to Juan Lopez, Director of Avionics Production.

This offer is contingent upon the following:

- The satisfactory completion of an investigation of your background
- You signing and returning all documents specified in the packet prior to starting employment
- Upon your first day of employment you providing proof of the legal right to work in the United States and documents that establish both identity and employment eligibility. Failure to provide this on day one will delay your start date. Please refer to the I-9 form's "Lists of Acceptable Documents" page in the offer packet for a list of acceptable documents. All documents submitted must be original documents except in the case of birth certificates for which certified copies will be acceptable.

You will be paid an hourly wage of \$30.00/hour. As a non-exempt employee, you will be eligible for overtime pay. Your salary will be payable on a bi-weekly basis pursuant to the Company's regular payroll policy. You will be entitled to three weeks of paid vacation per annum, in accordance with the Company's standard vacation policy. The Company will provide you with the opportunity to participate in the standard benefits plans currently available to other similarly situated employees, subject to any eligibility requirements imposed by such plans.

1 Rocket Road Hawthorne CA 90250
phone 310.363.6600 fax 310.363.6661

EXHIBIT 28

Ruben Juarez
03/15/2018

Elizabeth Schmidt
CSR#13598

000320

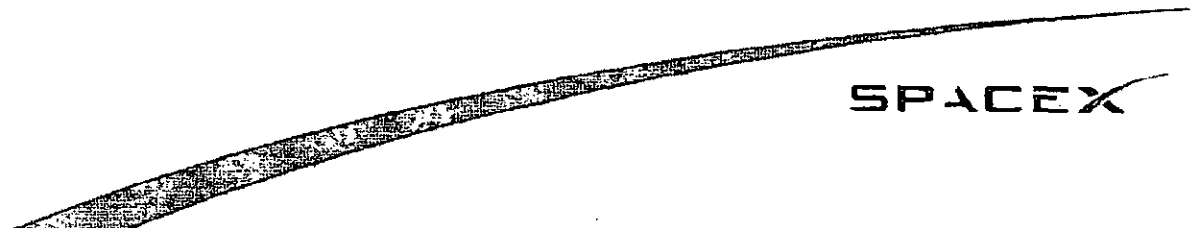
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In connection with the commencement of your employment, the Company's Board of Directors will grant you an option to purchase 3,120 shares of the Company's Common Stock with an exercise price per share to be equal to the fair market value of a share of the Company's Common Stock on the date of grant (the next Board of Director's meeting addressing option grants subsequent to your start date) as determined by the Company's Board of Directors. These option shares will vest at the rate of 20% of the shares on the twelve (12) month anniversary of your Vesting Commencement Date (as defined in the Stock Option Agreement, which date will be your Start Date, as defined below) and the remaining shares will vest monthly thereafter at the rate of 1/60th of the total number of shares per month; subject to your full-time employment with the Company.

Vesting of the options will, of course, depend on your continued full-time employment with the Company. The options will be incentive stock options to the maximum extent allowed by the tax code and will be subject to the terms of the Company's 2002 Stock Plan and the Stock Option Agreement between you and the Company. Capitalized terms not defined in this letter will have the meaning as defined in the Company's 2002 Stock Plan and form of Stock Option Agreement.

Your employment with the Company will be on an "at will" basis, meaning that either you or the Company may terminate your employment at any time for any reason or no reason, without further obligation or liability.

I am delighted to be able to extend you this offer and look forward to working with you. To indicate your acceptance of the Company's offer, please sign and date this letter in the space provided below and return it to me. Please indicate the date on which you expect to begin work in the space provided below (the "Start Date"). Your employment will be subject to you entering into the Company's standard Confidential Information Agreement entered into by employees. This letter sets forth the terms of your employment with the Company and supersedes any prior representations or agreements, whether written or oral. This letter may not be modified or amended except by a written agreement, signed by the Company and by you.



Yours faithfully,

Space Exploration Technologies Corp.



By: _____

Elon Musk
Chairman & CEO

ACCEPTED AND AGREED:



Signature

Ruben Suarez

Print Name

12/30/11

Date

Anticipated Start Date: 1/16/12

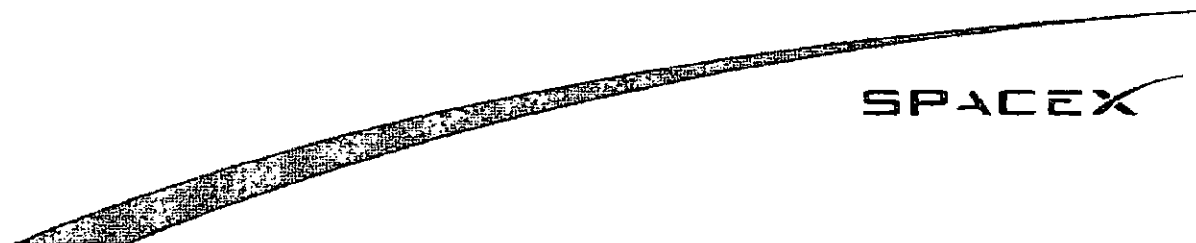


EXHIBIT 33

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quedese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felony".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name, Nombre, RUBEN JUAREZ Today's Date, Fecha de Hoy, 09/24/2014
2. Home Address, Dirección Residencial, [REDACTED]
3. City, Ciudad, GRANADA HILLS State, Estado, CA Zip, Código Postal, [REDACTED]
4. Date of Injury, Fecha de la lesión (accidente), CT: MAR 27 2013 - MAR 27 2014
5. Address and description of where injury happened, Dirección/lugar dónde ocurrió el accidente, COMPANY PREMISES;
DUE TO REPETITIVE AND CONTINUOUS EXPOSURE TO ELECTRONIC PARTS CLEANING & LEAD SO
6. Describe injury and part of body affected, Describe la lesión y parte del cuerpo afectada, HEADACHES, ANEURYSM
7. Social Security Number, Número de Seguro Social del Empleado, [REDACTED] 0743
8. Signature of employee, Firma del empleado, [Signature]

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer, Nombre del empleador, SPACE EXPLORATION TECHNOLOGY/SPACEX
10. Address, Dirección, 1 ROCKET ROAD, HAWTHORNE, CA 90250
11. Date employer first knew of injury, Fecha en que el empleador supo por primera vez de la lesión o accidente, 09/27/2014
12. Date claim form was provided to employee, Fecha en que se le entregó al empleado la petición, 09/24/2014
13. Date employer received claim form, Fecha en que el empleado devolvió la petición al empleador, 09/27/2014
14. Name and address of insurance carrier or adjusting agency, Nombre y dirección de la compañía de seguros o agencia administradora de seguros,
Chubb Ins. 233 S. Wacker Drive #4700 Chicago IL 60606
15. Insurance Policy Number, El número de la póliza de Seguro, # 7173 6529
16. Signature of employer representative, Firma del representante del empleador, [Signature]
17. Title, Título, Benefits Analyst 18. Telephone, Teléfono, (312) 243-3300

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado ☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

6/10 Rev.

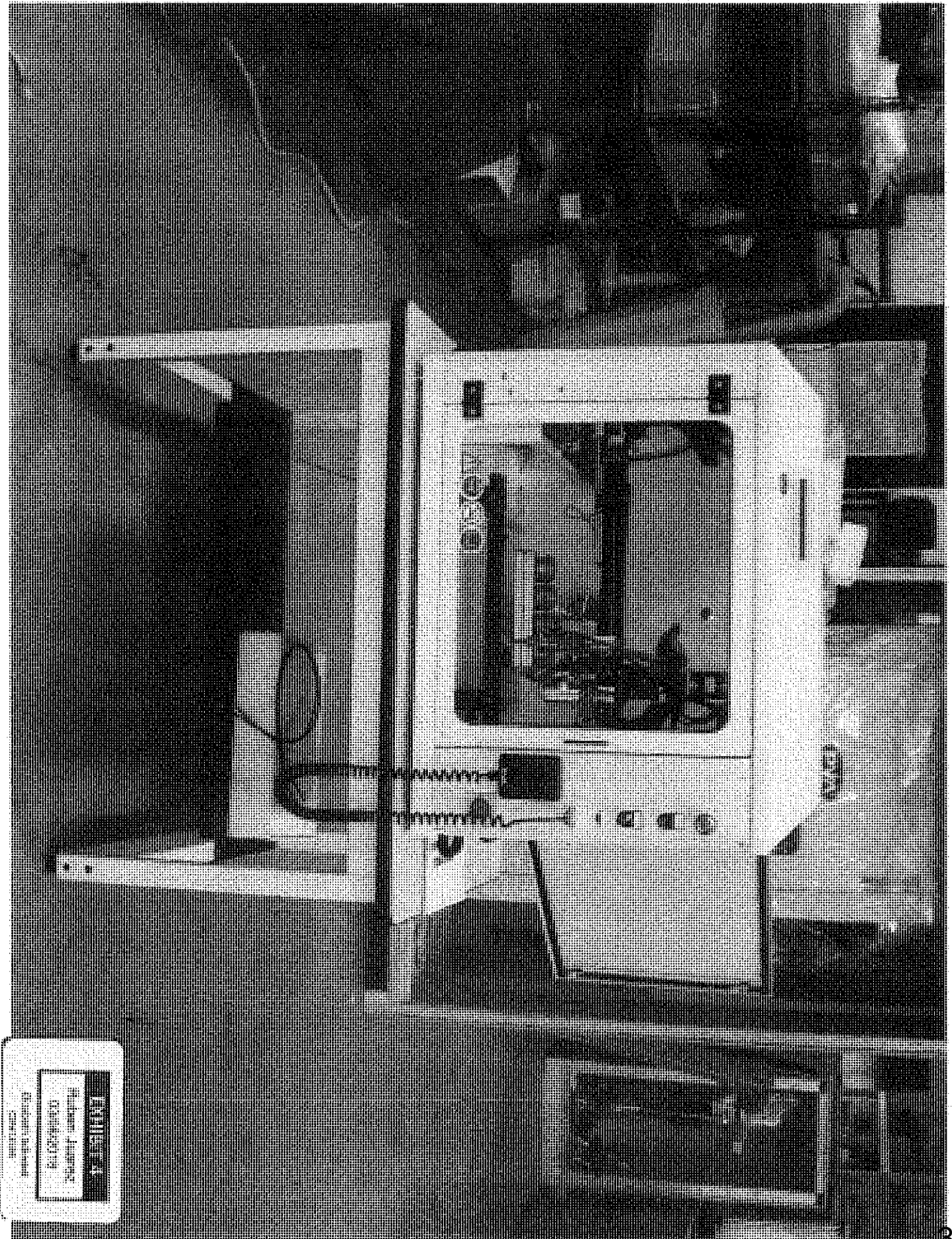
Juarez v PVA SPX 1199

EXHIBIT 32
Ruben Juarez
03/15/2018
Elizabeth Schmidt
CSR#13598

EXHIBIT 34

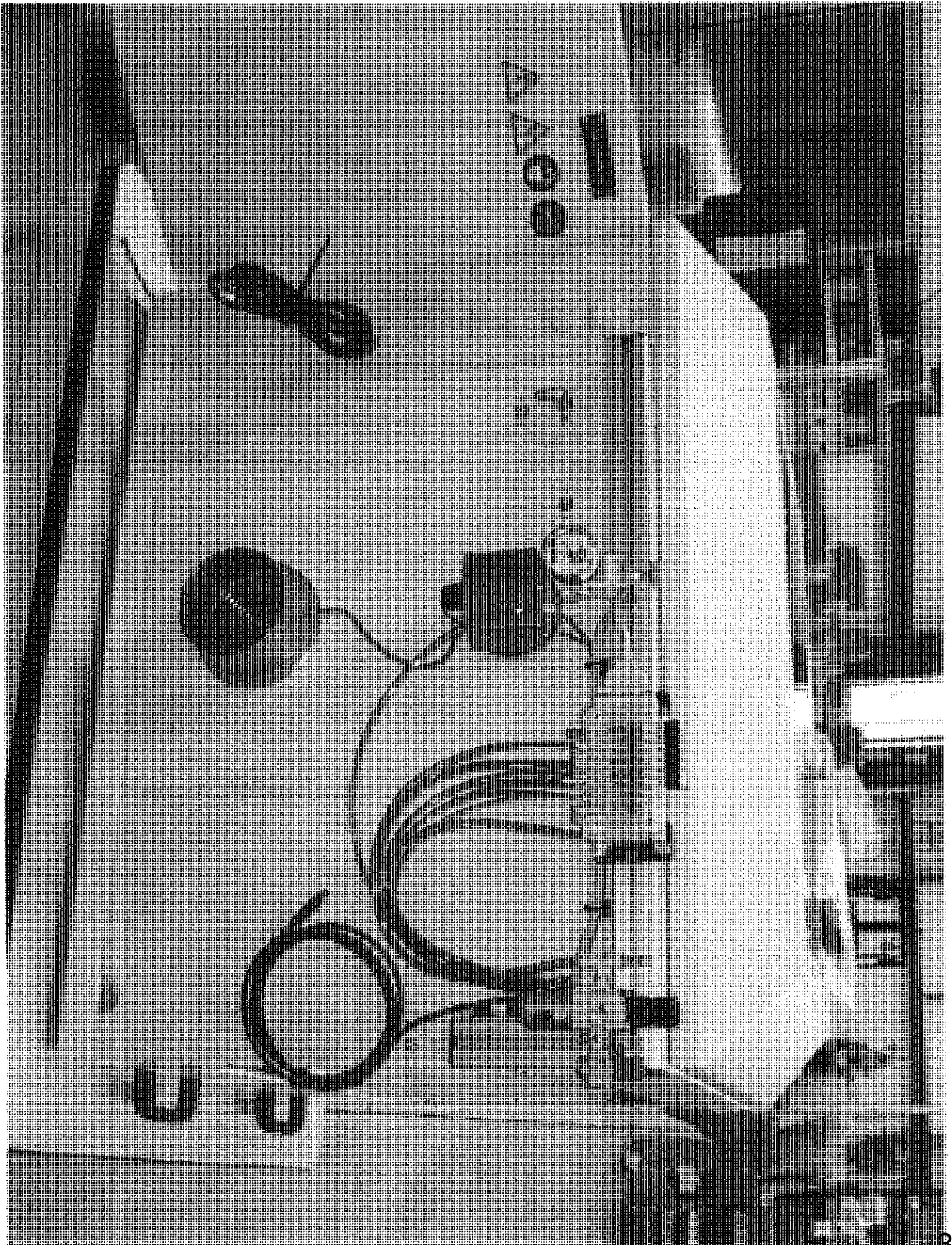
0000-VVA

PVAI



PVA-0004

PVA



PVAI



EXHIBIT 35



CEDARS-SINAI MEDICAL CENTER.

HERNANDEZJUAREZ, Ruben
MRN: 200548127
DOB: [REDACTED]/1970, Sex: M
Adm: 3/14/2013, D/C: 3/21/2013

H&P Notes

H&P signed by Alyesh, Michael, MD at 3/17/2013 3:37 PM

Author: Alyesh, Michael, MD	Service: (none)	Author Type: Physician
Filed: 3/17/2013 3:37 PM	Date of Service: 3/15/2013 12:53 PM	Status: Signed
Editor: Alyesh, Michael, MD (Physician)		

PATIENT:	JUAREZ, RUBEN
MED REC:	200548127
CEDARS-SINAI MEDICAL CENTER	DICTATOR: MICHAEL ALYESH, MD

HISTORY AND PHYSICAL EXAMINATION

DATE OF ADMISSION: 03/14/2013

HISTORY OF PRESENT ILLNESS: This is a 43-year-old male, known to me from his last admission back in January, after the patient had coil embolization for nonruptured ACA aneurysm. The patient came a few days after that complaining of persistent headache. It was unclear if this headache was related to the aneurysm or not, but the patient had been on steroid medication. It was ultimately determined that this was not likely the cause of his aneurysm, and that it was secondary to some other cause. The patient at that time also was found to have evidence of a prior CVA, but it was unclear if this was a new CVA or if this has been there in the past. The patient has no focal deficits, but nevertheless, those findings were not felt to be related to the headaches he was having at that time. The patient was treated with pain medications, and his headache significantly improved. The patient had been fine up until now, and then 5 days ago, the patient said he started feeling his headache come back. He was scheduled to see his neurologist yesterday; however, he felt that his headache was going on too long and that he wanted to come to the emergency room to be further evaluated. The patient says that he also has nausea and dizziness. He also says that he has no focal deficits this time as he had last time that had resolved. He denies any vomiting. Denies any fevers or chills. Denies any chest pain or heart palpitations, but his major complaints are diffuse headache and dizziness. The patient was diagnosed with a sinus infection 2 weeks prior to admission, but feels like he is better from this.

REVIEW OF SYSTEMS:

Other, a otherwise 10-point review of systems is negative.

PAST MEDICAL HISTORY: As mentioned above.

EXHIBIT 29

Ruben Juarez
03/15/2018

Elizabeth Schmidt
CSR#13598



CEDARS-SINAI MEDICAL CENTER

HERNANDEZJUAREZ, Ruben
MRN: 200548127
DOB: [REDACTED] 1970, Sex: M
Adm: 3/14/2013, D/C: 3/21/2013

H&P Notes (continued)

H&P signed by Alyesh, Michael, MD at 3/17/2013 3:37 PM (continued)

MEDICATIONS:

1. Augmentin 875 mg by mouth twice a day.
2. Aspirin 81 mg daily.
3. Flonase nasal spray.
4. Norco.
5. Pravachol 40 mg daily.
6. Lyrica 100 mg daily.
7. Topamax 50 mg daily.

PAST SURGICAL HISTORY: As mentioned above.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: No smoking, alcohol, or drugs..

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 105/60, heart rate of 67, temperature of 97, respiratory rate of 18, saturating 97% on room air.

HEART: Regular rate and rhythm. No rubs, murmurs, or gallops.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Soft, nontender, nondistended. Positive bowel sounds.

NEUROLOGIC: He is alert and oriented times 3. Extraocular muscles are intact. Sclerae anicteric. There is no clubbing, cyanosis, or edema. There are no focal deficits known. The patient has 5/5 in all extremities. Sensation intact throughout. Cranial nerves II-XII intact.

RESULTS OF SIGNIFICANCE: Sodium of 149. Otherwise CT of brain without contrast shows no evidence for hemorrhage or mass affect.

ASSESSMENT AND PLAN:

1. Recurrent headache, nausea and dizziness, secondary to unknown cause. I believe that this patient likely is having migraine headaches. However, I will order neurology consult for further evaluation, in light of this patient's prior history of coiled aneurysm, as well as infarcts seen in the brain. Note, I believe these infarcts were caused from the angiogram the patient had in diagnosing his aneurysm, and were likely iatrogenic in nature from plaque break off during the procedure. However, I will have to double check on this. Cardiology has been consulted for



CEDARS-SINAI MEDICAL CENTER.

HERNANDEZJUAREZ, Ruben
MRN: 200548127
DCB: 1/9/1970, Sex: M
Adm: 3/14/2013, D/C: 3/21/2013

H&P Notes (continued)

H&P signed by Alyesh, Michael, MD at 3/17/2013 3:37 PM (continued)

assistance, as this patient's dizziness and lightheadedness with nausea may be cardiac in nature. The patient will receive a workup for this. In the meantime, I will continue the patient on pain medication to control his headache. We will continue Lyrica and Topamax. Will also wait for further recommendations from neurology in terms of pain control for possible migraine headache. I do not think that the patient will require a repeat lumbar puncture to assess, as he had this last time, and no evidence or findings of his headache could be found. I also do not think we will need a repeat magnetic resonance imaging, but I will defer this to neurology.

2. Hypernatremia, likely secondary to poor oral intake. Will continue to monitor for now.

MICHAEL ALYESH, MD

MA/MEDQ/555187944 D: 03/15/2013 T: 03/15/2013 JOB#: 804573

H&P signed by Alyesh, Michael, MD at 3/15/2013 11:47 AM

Author: Alyesh, Michael, MD	Service: Internal Medicine	Author Type: Physician
Filed: 3/15/2013 11:47 AM	Date of Service: 3/15/2013 11:45 AM	Status: Signed
Editor: Alyesh, Michael, MD (Physician)		

H & P dictated #804573

Electronically signed by:

Michael Alyesh, M.D.

Internal Medicine Hospitalist

3/15/2013

11:46 AM

Phone number: 310-553-5203

***** END OF ENCOUNTER *****

Printed by 28026 at 11/30/17 8:15 AM



CEDARS-SINAI MEDICAL CENTER.

HERNANDEZJUAREZ, Ruben
MRN: 200548127
DOB: [REDACTED]/1970, Sex: M
Adm: 5/23/2013, D/C: 5/23/2013

H&P Notes

No notes of this type exist for this encounter.

***** END OF ENCOUNTER *****

Printed by 28026 at 11/30/17 8:15 AM

EXHIBIT 36

Isaac Reger, M.D.

A PROFESSIONAL CORPORATION
NEUROLOGY / ELECTRODIAGNOSTICS

6404 WILSHIRE BLVD. ☐
SUITE 1121
LOS ANGELES, CA 90048
TELEPHONE: (323) 653-4544
FAX: (323) 653-4500
(ALL CORRESPONDENCE)

18740 VENTURA BLVD. ☐
SUITE 206
TARZANA, CA 91356
TELEPHONE: (818) 386-0472
FAX: (818) 386-0967

February 3, 2015

RE: JUAREZ, Ruben
DOI: CT
DOE: 2/3/15
OUR FILE: 27660
EMP: Space Exploration Technology

The patient is a 45 year old right handed male who is seen for neurological consultation on 2/3/15.

HISTORY OF THE INJURY

The patient relates that he worked for the above named employer from 01/2012 to the present as an equipment specialist. He worked about sixty hours per week. He relates that almost from the beginning he noted frequent headaches at work which he felt was associated with exposure to various chemicals used in the facility for cleaning part. He also feels he was subject to lead exposure. He was not provided with any protective devices and his headaches were worse at work. Eventually he also started having dizziness and saw several physicians as well as a neurologist at Cedars Sinai and after work up was told he had an aneurysm in the "Circle of Willis". He was referred for coiling procedure which was done 01/2013. The patient says he hoped that his headaches would go away after this procedure.

PATIENTS CURRENT COMPLAINTS

The patient relates of headaches which are moderate to intense. They are almost constant and described as a pressure type feeling. A few times he had to go to an ER where he was given Morphine and Dilaudid. He denies any other specific symptoms associated with the headaches although he is dizzy at times.

WORK HISTORY

As described. On TTD,

PAST MEDICAL HISTORY

Right elbow and right wrist surgery with transposition of the right ulnar nerve. The right wrist injury is of unknown nature. Both injuries were work related. He is also known to have narcolepsy.

RE: JUAREZ, Ruben
February 3, 2015
Page 2

Family History: Non-contributory

Social History: Married

Habits: Does not smoke, abuse alcohol or use drugs

Medications: Depakote, Topamax, Wellbutrin, Nortriptyline, baby Aspirin, Omeprazole, Ritalin, Norco, Percocet

Allergies to Medications: None

PHYSICAL EXAMINATION

General Appearance: Well-nourished, well-developed

Head: Normocephalic, atraumatic, carotid upstroke +2 bilaterally

Vital Signs: Blood Pressure 120/80, Pulse 74 no orthostatic changes

NEUROLOGICAL EXAMINATION

Mental Status: Alert and oriented to time, place and person. Fluent speech.

Cranial Nerves:

- II. Visual fields are intact to confrontation. Benign fundi without edema. Full visual fields.
- III, IV, VI Full extraocular movements. No nystagmus. Pupils are equal, round and reactive to light and accommodation.
- V Normal facial sensation. Normal mastication.
- VII Normal facial movements. No facial weakness.
- VIII Hearing is grossly normal.
- IX, X Normal gag reflex with good swallowing. Normal uvula and soft palate motion.
- XI Good strength of sternocleidomastoid/trapezii muscles.
- XII Midline tongue without atrophy or fasciculations.

Motor Examination: Normal strength. Normal muscle tone.

RE: JUAREZ, Ruben
February 3, 2015
Page 3

Sensory Examination: Light touch and pinprick sensations are intact. Vibratory and joint position senses are normal.

Deep Tendon Reflexes:

	<u>R</u>	<u>L</u>		<u>R</u>	<u>L</u>
Biceps	+2	+2	Patellar	+2	+2
Triceps	+2	+2	Achilles	+2	+2
Brachioradialis	+2	+2			
Plantar response	downgoing.				

Coordination: Finger-to-nose, heel-to-shin and rapid alternating movements are all performed normally.

Gait and Station: Normal gait. No ataxia. Romberg is negative.

DIAGNOSIS

1. CHRONIC HEADACHES, RULE OUT TOXIC ENCEPHALOPATHY
2. STATUS POST INTRACRANIAL ANEURYSM COILING, FURTHER COMMENTS AFTER RECORDS REVIEW

DISCUSSION

The patient is evaluated for headaches. The history is somewhat complex and I do not have any medical records. The patient relates of frequent headaches at work and he believed they were associated with chemicals used to clean electrical parts. He also believes he was exposed to lead. The patient did not have any protective devices. In 2013 the patient was found to have an aneurysm in the "Circle of Willis" and had a coiling procedure at Cedars Sinai. He hoped his headaches would improve after the procedure but they did not. The patient says the neurosurgeon told him he does not believe the headaches are connected to his aneurysm.

The patient believes his headaches were related to toxic exposure but unfortunately we do not have records in this regard. I suggest the patient be seen by a toxicologist with the MSDS and working environment analysis. Further comments can be made thereafter.

The patient was given a special diet for headaches sufferers. He is already using Norco and Percocet for his headaches.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556) I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this

RE: JUAREZ, Ruben
February 3, 2015
Page 4

report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6.

Date of Report: 2/3/15

Signed this _____ day of February 2015, at Los Angeles, California.

Isaac Regev, M.D.

IR/rmw

Isaac Regev, M.D.

A PROFESSIONAL CORPORATION
NEUROLOGY / ELECTRODIAGNOSTICS

6404 WILSHIRE BLVD. ☐
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(ALL CORRESPONDENCE)

18740 VENTURA BLVD. ☐
SUITE 206
TARZANA, CA 91356
TELEPHONE: (818) 386-0472
FAX: (818) 386-0967

February 28, 2015

RE: JUAREZ, Ruben
DOI: CT
OUR FILE: 27660
EMP: Space Exploration Technology

I asked for medical records on the above named patient. I received some records from Cedars Sinai and the following is the review.

The patient was seen in the ER on 9/20/14. He is seen for palpitations. He has history of migraine headaches, ACA, aneurysm status post coiling and general anxiety. The patient appears very anxious in the ER. He is placed on tele without any ectopy. He receives morphine for headaches.

The records are basically in accordance with my clinical impressions. I did not have too many details about the past aneurysm which I learned was in the distribution of the ACA where he had coiling. My diagnosis of headaches is also compatible with these records.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556) I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6.

Date of Report: 2/28/15

Signed this _____ day of February 2015, at Los Angeles, California.

Isaac Regev, M.D.

IR/rmw

000077

COMPEX LEGAL SERVICES

CERTIFICATION

(Pursuant to F.R.E. 803(6), 902(11), and 28 U.S.C. § 1746)

I hereby certify and declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for

ISAAC REGEV, MD

6404 WILSHIRE BLVD., SUITE 1121, LOS ANGELES, CA 90048

I have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control which are all of the records under the custody and control of HAMLIN PSYCHE CENTER, described and called for in the SUBPOENA/Authorization served with this declaration in the matter related to said individual or thing pertaining to:

RECORDS OF: JUAREZ, RUBEN

AKA: RUBEN, HERNANDEZ JUAREZ

DATE OF BIRTH: [REDACTED] 1970

SOCIAL SECURITY #: [REDACTED] 0743

HOW ORIGINAL RECORDS WERE PREPARED	
<input type="checkbox"/> HANDWRITTEN NOTES	<input type="checkbox"/> TYPED/DATA ENTERED
<input type="checkbox"/> TRANSCRIBED	<input type="checkbox"/> OTHER _____

TYPE OF RECORDS PRODUCED	
<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> BILLING
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> PAYROLL
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FILMS
	<input type="checkbox"/> INSURANCE
	<input type="checkbox"/> SCHOLASTIC

Said records were made at or near the time of the statements, acts, events, conditions, opinions, diagnoses, etc., that are reported in those records, by a person with knowledge of and a business duty to record those matters. Said records were kept in the course of a regularly conducted activity of the business, and made as a regular practice and custom of the business. I have delivered all of the records requested with the following exceptions:

Cindy Rodriguez
CUSTODIAN OF RECORDS NAME (PLEASE PRINT)

DEPARTMENT

Cindy Rodriguez
SIGNATURE OF CUSTODIAN OF RECORDS

6/29/18 LA, CA
DATE, AND CITY AND STATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE AND CORRECT COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.

6/29/18 Los Angeles, CA [Signature] Felix Fernandez
DATE, AND CITY AND STATE SIGNATURE PRINT NAME

PURSUANT TO CAL. BUS. AND PROF. CODE § 22462, I WILL MAINTAIN THE INTEGRITY AND CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

COMPEX LEGAL SERVICES

AFFIDAVIT - (Pursuant to Cal Evidence Code 1561)

112177-H

I hereby declare under penalty of perjury that the following statements are true to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for:

ISAAC REGEV, MD

6404 WILSHIRE BOULEVARD, SUITE 1121, LOS ANGELES, CA 90048

and have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control, described and called for in the SUBPOENA/Authorization served with this declaration in the matter relating to said individual or thing pertaining to:

RECORDS OF: JUAREZ, RUBEN

AKA: RUBEN HERNANDEZ JUAREZ

DATE OF BIRTH: [REDACTED] /70

SOCIAL SECURITY #: [REDACTED] 0743

HOW ORIGINAL RECORDS WERE PREPARED

☐

HANDWRITTEN NOTES

☐

TYPED/DATA ENTERED

☐

TRANSCRIBED

☐

OTHER _____

TYPE OF RECORDS PRODUCED

☒

MEDICAL

☒

BILLING

☐

FILMS

☐

INSURANCE

☐

EMPLOYMENT

☐

PAYROLL

☐

SCHOLASTIC

☐

OTHER _____

Said records were prepared by personnel of the business in the ordinary course of business at or near the time of the act, condition, or event. I have delivered all of the records/items requested with the following exception(s):

NO FILMS

Cindy M.

CUSTODIAN NAME (PLEASE PRINT)

DEPARTMENT

Cindy M.

SIGNATURE OF CUSTODIAN

8/15/17

DATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

8/18/17

DATE

[Signature]

SIGNATURE

FE LK T.

PRINT NAME

PURSUANT TO BUSINESS & PROFESSION'S CODE SECTION 22462, I WILL MAINTAIN THE INTEGRITY & CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

SHAREDDECLFORM.DOC

000085

374

EXHIBIT 37

FROM:

(WED) MAR 11 2015 14:08:14:08/NO. 7521853158 P 2

Isaac Reger, M.D.

A PROFESSIONAL CORPORATION
NEUROLOGY / ELECTRODIAGNOSTICS

6404 WILSHIRE BLVD. ☐
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(ALL CORRESPONDENCE)

18740 VENTURA BLVD. ☐
SUITE 206
TARZANA, CA 91356
TELEPHONE: (818) 386-0472
FAX: (818) 386-0967

February 3, 2015

RE: JUAREZ, Ruben
DOI: CT
DOE: 2/3/15
OUR FILE: 27660
EMP: Space Exploration Technology

The patient is a 45 year old right handed male who is seen for neurological consultation on 2/3/15.

HISTORY OF THE INJURY

The patient relates that he worked for the above named employer from 01/2012 to the present as an equipment specialist. He worked about sixty hours per week. He relates that almost from the beginning he noted frequent headaches at work which he felt was associated with exposure to various chemicals used in the facility for cleaning part. He also feels he was subject to lead exposure. He was not provided with any protective devices and his headaches were worse at work. Eventually he also started having dizziness and saw several physicians as well as a neurologist at Cedars Sinai and after work up was told he had an aneurysm in the "Circle of Willis". He was referred for coiling procedure which was done 01/2013. The patient says he hoped that his headaches would go away after this procedure.

PATIENTS CURRENT COMPLAINTS

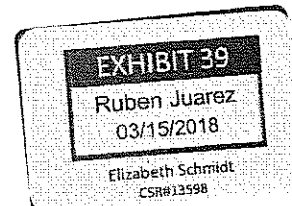
The patient relates of headaches which are moderate to intense. They are almost constant and described as a pressure type feeling. A few times he had to go to an ER where he was given Morphine and Dilaudid. He denies any other specific symptoms associated with the headaches although he is dizzy at times.

WORK HISTORY

As described. On TTD,

PAST MEDICAL HISTORY

Right elbow and right wrist surgery with transposition of the right ulnar nerve. The right wrist injury is of unknown nature. Both injuries were work related. He is also known to have narcolepsy.



0015

376

RE: JUAREZ, Ruben
February 3, 2015
Page 2

Family History: Non-contributory

Social History: Married

Habits: Does not smoke, abuse alcohol or use drugs

Medications: Depakote, Topamax, Wellbutrin, Nortriptyline, baby Aspirin, Omeprazole, Ritalin, Norco, Percocet

Allergies to Medications: None

PHYSICAL EXAMINATION

General Appearance: Well-nourished, well-developed

Head: Normocephalic, atraumatic, carotid upstroke +2 bilaterally

Vital Signs: Blood Pressure 120/80, Pulse 74 no orthostatic changes

NEUROLOGICAL EXAMINATION

Mental Status: Alert and oriented to time, place and person.
Fluent speech.

Cranial Nerves:

- II. Visual fields are intact to confrontation. Benign fundi without edema. Full visual fields.
- III, IV, VI Full extraocular movements. No nystagmus. Pupils are equal, round and reactive to light and accommodation.
- V Normal facial sensation. Normal mastication.
- VII Normal facial movements. No facial weakness.
- VIII Hearing is grossly normal.
- IX, X Normal gag reflex with good swallowing. Normal uvula and soft palate motion.
- XI Good strength of sternocleidomastoid/trapezii muscles.
- XII Midline tongue without atrophy or fasciculations.

Motor Examination: Normal strength. Normal muscle tone.

FROM

(WED) MAR 11 2015 14:08/No. 7521853158 P 4

RE: JUAREZ, Ruben
February 3, 2015
Page 3

Sensory Examination: Light touch and pinprick sensations are intact. Vibratory and joint position senses are normal.

Deep Tendon Reflexes:

	<u>R</u>	<u>L</u>		<u>R</u>	<u>L</u>
Biceps	+2	+2	Patellar	+2	+2
Triceps	+2	+2	Achilles	+2	+2
Brachioradialis	+2	+2			
Plantar response	downgoing.				

Coordination: Finger-to-nose, heel-to-shin and rapid alternating movements are all performed normally.

Gait and Station: Normal gait. No ataxia. Romberg is negative.

DIAGNOSIS

1. CHRONIC HEADACHES, RULE OUT TOXIC ENCEPHALOPATHY
2. STATUS POST INTRACRANIAL ANEURYSM COILING, FURTHER COMMENTS AFTER RECORDS REVIEW

DISCUSSION

The patient is evaluated for headaches. The history is somewhat complex and I do not have any medical records. The patient relates of frequent headaches at work and he believed they were associated with chemicals used to clean electrical parts. He also believes he was exposed to lead. The patient did not have any protective devices. In 2013 the patient was found to have an aneurysm in the "Circle of Willis" and had a coiling procedure at Cedars Sinai. He hoped his headaches would improve after the procedure but they did not. The patient says the neurosurgeon told him he does not believe the headaches are connected to his aneurysm.

The patient believes his headaches were related to toxic exposure but unfortunately we do not have records in this regard. I suggest the patient be seen by a toxicologist with the MSDS and working environment analysis. Further comments can be made thereafter.

The patient was given a special diet for headaches sufferers. He is already using Norco and Percocet for his headaches.

In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) (2) and Insurance Code Section 556) I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this

0017

FROM

(WED) MAR 11 2015 14:08/No. 7521853158 P 5

RE: JUAREZ, Ruben
February 3, 2015
Page 4

report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (J) of Labor Code Section 139.2 or 5307.6.

Date of Report: 2/3/15

Signed this 2 day of February 2015, at Los Angeles,
California.


Isaac Regev, M.D.

IR/rmw

0018

EXHIBIT 38

LIST ALL EMPLOYERS/JOBS THAT YOU HAVE HAD. JOB DESCRIPTION. AND DURATION [From what date to what date]:

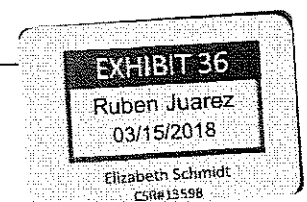
(Including military, summer jobs, moonlighting jobs, part-time jobs, full-time jobs).

<u>Employer</u>	<u>Job Description</u>	<u>Dates</u>
1) <u>Space Exploration Equipment specialist</u>		<u>1/12 - to present</u>
2) <u>Express Manufacturing</u>	<u>Manufacturing Eng.</u>	<u>10/10 - 1/12</u>
3) <u>Moore Industries</u>	<u>Manufacturing Eng.</u>	<u>9/2007 - 3/2009</u>
4) _____		
5) _____		

LIST ALL INJURIES TO ALL BODY PARTS REGARDLESS OF WHETHER IT IS INDUSTRIAL OR NON-INDUSTRIAL:

(i.e., car accident with injury, fall injury, injury with other employers).

<u>Injury</u>	<u>Date</u>	<u>Employer</u>	<u>Body part</u>
1) <u>Elbow</u>	<u>9/15/2008</u>	<u>Moore Industries</u>	<u>elbow</u>
2) <u>Wrist</u>	<u>'90</u>	<u>Harman International</u>	
3) _____			
4) _____			
5) _____			



- I. Do you have recollection of any notices posted regarding Workers' Compensation in any of the rooms of the employer's office?

(Circle)

YES Location: _____

What did the notice say? _____

☒ NO

I did not notice.

- II. Did you notify your employer in writing (yourself or your attorney) via claim form with regard to your illness/injury?

(Circle)

☒ YES

How and when? _____

NO

- III. Did your employer provide you with a list of all physicians on the medical provider list?

(Circle)

YES

☒ NO

PATIENT HISTORY FORM

*You must complete this questionnaire in detail in order to be seen by the doctor.
Favor de completar el cuestionario en detalle, antes de que el doctor lo examine.*

Patient Name: Ruben Lopez Age: 45 Date: 3/25/15

PART I - JOB DESCRIPTION:

Employer: Space Exploration Length of Employment: 2 yrs

Occupation & Job Duties: (How many hours per day per each duty, and how many days per week.)

4 hours computer work
4 hours working with different
chemicals on confinement east
room, and wash area

Hours per week: _____ Days per week: _____ Overtime per week: _____

Are you still working for the above company: ☒ Yes ☐ No

If NO, when was your last day of employment: _____

Were you fired: Yes ☐ No ☐ Why: _____

Did you quit: Yes ☐ No ☒ Why: _____

Were you laid-off: Yes ☐ No ☒ Why: _____

Were you put on disability: ☒ Yes ☐ No Why: Medical

and by Who: Doctor Ronel Andiman

Have you worked since that time: Yes ☐ No ☒

If YES, where, when and what type of work _____

PART II - HISTORY OF INJURY

What part of your body or what internal diseases are involved in the illness/injury (describe what happened to you, detailing when and what you were doing at that time):

I have migraine and lled areas
During the day I took many
days off due to migraines
and dizziness.

Give a detailed explanation of your job duties which you feel are responsible for your problem. If you suffered stress on the job, give examples of what occurred including dates and years. If you were exposed to chemicals, dust, fumes, or other hazardous materials at work describe in detail then go on to Part III (for exposure cases only).

I was

FOR ENVIRONMENTAL EXPOSURES:

DESCRIBE THE DATE(S) OF YOUR EXPOSURE:

I worked with chemicals all the
time was in charge of replacing
fume filter and repair the conformal
coat Equipment also order parts.
For the equipment my employer bypass
the safety switch on the equipment

Did you notify or complain to anybody at work:

☒ Yes

☐ No

If YES, who and what was done:

Nothing

Did you employer send you to a doctor:

Yes

☒ No

If YES, list the names, dates seen, and diagnosis given:

Name:

Dates:

Diagnosis:

Did you seek medical care on your own:

☒ Yes

☐ No

Name:

Dates:

Diagnosis:

Racey medical

1/7/13

brain aneurysm

Ronal Anderson

6/13

Migraines

Racey medical

9/12

Head aches

PART III - EXPOSURE TO HAZARDOUS MATERIALS (WORK AND/OR ENVIRONMENTAL)

(NOTE: If you were not exposed to any hazardous materials skip this section.)

Name and describe any and all chemicals which you were exposed to:

Isopropyl alcohol, 63/37pb solder wire

Aragthane 5750, Humiseal thinner 521

Humiseal 1A33

How were you exposed to these chemicals: (Breathing, ingestion, etc)

Breathing, working with hands.

Repairing equipment and filters

How often were you exposed? (How many hours per day, days per week.)

4 to 5 hours per day

Did you inhale these chemicals:

☒ Yes

No

If YES, would you feel sick and if so describe what you felt:

tired, Head ache, Dizzie

Did you have skin contact with these chemicals:

☒ Yes

No

How often, how many hours per day, days per week:

4-5 every day

If YES, did you experience any reaction (symptoms) and if so describe: (i.e. smell, burning of the eyes, cough, etc) nausea, Dizziness, burning of eyes

If you did experience a smell, describe the smell: (i.e. pungent, like smoke, like rotten eggs, etc:

Did you develop headaches at the time of exposure (i.e. immediate, severe, hours while exposed?) yes

Did you experience shortness of breath (i.e. immediate, severe, hours while exposed?)

yes, I ~~test~~ ask a coworker to go out with me for a walk

Did you experience chest pain (i.e. immediate, severe, hours while exposed?) _____

NO

Did you have this type of experience of symptoms before (prior to) the described exposure?

(Describe if YES): NO

FOR WORK AND/OR ENVIRONMENTAL

How was the ventilation: Excellent Good Average Poor None

Ventilation was provided by: Don't Know

Were you provided with any personal protective devices: Yes No

If YES, what : _____ Paper/Cloth Mask _____ Gloves - What Kind _____
_____ Respirator with Cartridge - How often were cartridges changed _____

Were you given any training on how to use the equipment: Yes No

Were you given any safety training: Yes No

Were you told that the chemicals are dangerous/hazardous: Yes No

What is the size of your work area: at first 20' X 10' after 30' X 15'

How many people work in that same area: 1-3

PART IV - CURRENT MEDICAL HISTORY

List all doctors who are currently treating/caring for you and what are they treating you for.

Name	Reason
<u>Donald Andiman</u>	<u>neurology</u>
<u>Steven Schenkel</u>	<u>psychiatric</u>
<u>Marshall</u>	<u>MD</u>

Are you currently certified for disability by any doctor? ☒ Yes ☐ No

If YES, what is the name of the doctor and the diagnosis:

Ronald Andiman

MEDICATIONS:

List all medications which are you currently taking:

Name	Dosage	Prescribing Doctor
<u>Topamax</u>	<u>100</u>	<u>Andiman</u>
<u>Duragesic</u>	<u>500</u>	<u>Andiman</u>
<u>Wellbutrin</u>	<u>300</u>	<u>Schenkel</u>
<u>Damelor</u>	<u>50</u>	<u>Andiman</u>
<u>Xanax</u>	<u>.5</u>	<u>Schenkel</u>
<u>Aspirin 81</u>	<u>81</u>	<u>Andiman</u>

List any diagnostic studies that have been performed or treatment given to you in regards to your injury/illness, and results if known:

Grand Aged

PART V - PAST MEDICAL HISTORY (For Environmental and/or Industrial Exposures)

Have you had any previous injuries to any parts of the body involved in this claim? If yes, describe in detail:

Have you had any other work-related injuries? If yes, describe in detail:

yes elbow

Have you ever been hospitalized? If yes, give hospital name, dates and reason (name of illness):

Date	Hospital	Reason (Name of Illness)
<u>6/14</u>	<u>St. David's</u>	<u>Migraines</u>

Have you ever had an operation (surgery)? If yes, where, when and name of operation performed:

Date	Hospital	Reason
<u>1/8/13</u>	<u>Sedars</u>	<u>brain aneurysm</u>
_____	_____	_____
_____	_____	_____

Have you ever had any car accidents? If yes, described in detail:

Don't remember

If yes, what body parts were injured: _____

Have you had any major adult illness? Please circle those that apply and indicate when diagnosis was first made (date and year):

Diabetes mellitus _____	High blood pressure _____
Arthritis _____	Thyroid disease _____
Tuberculosis _____	Hepatitis/Jaundice _____
Heart disease _____	Kidney disease _____
Asthma _____	Lung disease _____
Stomach ulcer _____	Cancer _____

Other (describe): _____

Do you have any allergies? If yes, please list including allergies to foods, medications, dust, pollens, hay fever, etc.. none

Are you currently using any herbal medications? If Yes, what and for how long? _____

NO

Are you currently using any over-the-counter vitamins or health food additives? If yes, what and for how long? Vitamin E

In regard to you exposure to toxic chemicals, have you seen a health care professional? If yes, when NO

If yes, are you still seeing a health care professional in regards to your exposure? _____

PART VI - SOCIAL HISTORY:

Do you currently smoke?

Yes ☒ No

If yes, what do you smoke _____, how long have you smoked _____ and how much do you smoke per day _____ or per week?

If no, have you smoked in the past?

☒ Yes No

If yes, when did you stop 1/13, what did you smoke Cigarettes, how long did you smoke 10+ years, and how much did you smoke 1 pack of 20 per month?

Do you currently drink alcohol?

Yes ☒ No

If yes, how much do you drink _____ and how often _____?

If no, have you ever drank heavily in the past?

Yes ☒ No

Do you have a history of illicit drug abuse?

Yes ☒ No

If yes, what type of drug _____, for how long _____, and when was the last time _____?

PART VII - FAMILY HISTORY

Relation	Age	State of Health	If Dead, Cause of Death
Father	<u>76</u>	<u></u>	<u>Natural</u>
Mother	<u>74</u>	<u></u>	<u>Natural</u>
Brothers	<u>50</u>	<u>Good</u>	<u></u>
	<u>57</u>	<u>Good</u>	<u></u>
	<u></u>	<u></u>	<u></u>
Sisters	<u>60</u>	<u>Good</u>	<u></u>
	<u>47</u>	<u>Good</u>	<u></u>
	<u></u>	<u></u>	<u></u>

PART VIII - ENVIRONMENTAL HISTORY

Do you have any hobbies, if yes describe in detail: none

Do you have any pets, if yes, what kind and for how long? 2 dogs 5 + years

Do you currently or in the past live with anyone who is a smoker, who and for how many years? NO

Do you use any household cleaning products, how often and what? NO

Do you use fertilizers, how often? NO

Do you use insecticides, how often? NO

Do you pump your own gasoline, how often? 1 per week

Do you use solvents/paints/glues at home, if yes how often? NO

Do you reside near a chemical plant and/or toxic dump, if yes what is the name and type of plant, and how far away? NO

Did you ever reside near a chemical plant, toxic dump, major highway, or gasoline station? If yes, when, for how many years, and what distant? NO

Have you been exposed to any chemicals or hazardous materials outside of work, if yes, describe in detail? NO

PART IX - ADDITIONAL INFORMATION

Please describe any additional information which you feel is relevant to your case that has not been covered by this questionnaire.

I get botul injections every 3 months

PART X - PRESENT SYMPTOMS

Please indicate which symptoms you have including the frequency (daily, once a week, once a month, intermittent, constant) and the intensity (mild, moderate, severe) - if applicable.

General			How Often	Intensity	Date of Onset
Fatigue	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every day</u>	<u>severe</u>	
Loss of Weight			Yes <input checked="" type="radio"/> No	How Much	

Weight Gain			<input checked="" type="radio"/> Yes <input type="radio"/> No	How Much <u>20 lb</u>	
-------------	--	--	---	-----------------------	--

Internal			How Often	Intensity	Date of Onset
Shortness of Breath	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>1 week</u>	<u>mild</u>	
Palpitations	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every other day</u>	<u>moderate</u>	
Stomach Pain	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every day</u>	<u>moderate</u>	
Diarrhea	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
Asthma	Yes <input type="radio"/>	No <input checked="" type="radio"/>			

Cough	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
Chest pain	Yes <input type="radio"/>	No <input checked="" type="radio"/>			
Stroke			<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>mild</u>	
Heart Attack			Yes <input checked="" type="radio"/>		
High Blood Pressure			Yes <input checked="" type="radio"/>	For How Long	
History of Exposure to Fumes			Yes <input checked="" type="radio"/>	What	When
History of Exposure to Dust			Yes <input checked="" type="radio"/>	What	When

Musculoskeletal			How Often	Intensity	Date of Onset
Neck Pain	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every day</u>	<u>severe</u>	
Back Pain	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every day</u>	<u>severe</u>	
Elbow Pain	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
Shoulder Pain	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>1 week</u>	<u>mild</u>	
Diffuse Muscle Pain	Yes <input type="radio"/>	No <input checked="" type="radio"/>			

Ear, Nose & Throat			How Often	Intensity	Date of Onset
Loss of Balance	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>1-2 week</u>	<u>severe</u>	
Dizziness (Vertigo)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>1 week</u>	<u>mild</u>	
Voice Changes	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
Throat Irritation	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
Nose Bleeds	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	<u>1 week</u>	<u>mild</u>	
Nasal Congestion	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>1-2 week</u>	<u>severe</u>	
Noises in Ears	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>every other day</u>	<u>mild</u>	
Hearing Loss	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Which Ear <u>both</u>	For How Long	

Toxic			How Often	Intensity	Date of Onset
Loss of Memory	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<u>often</u>	<u>mild</u>	
Tingling Sensation					
in Hands/Legs	Yes <input checked="" type="radio"/>	No <input type="radio"/>			
Recent Cancer	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Type	When Diagnosed	
History of Exposure to Asbestos	Yes <input checked="" type="radio"/>	No <input type="radio"/>	When		
History of Exposure to Radiation	Yes <input checked="" type="radio"/>	No <input type="radio"/>	When		
History of Exposure to Toxic Chemicals	Yes <input checked="" type="radio"/>	No <input type="radio"/>	What	When	

Skin & Allergies

	Yes	No	How Often	Intensity	Date of Onset
Skin Rashes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Skin Itching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Psoriasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Eczema	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Skin Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	When _____	_____	_____
Recent Allergies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Describe _____	_____	_____

Neurology

	Yes	No	How Often	Intensity	Date of Onset
Headaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-4 per week	Severe	_____
Dizziness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-3 per week	Severe	_____
Blurred Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-5 per week	mild	_____
Numbness of Hands/Legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Ophthalmology

	Yes	No	How Often	Intensity	Date of Onset
Eye Irritation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	every day	mild	_____

Psychiatric/Psychological/Stress

Insomnia	<input checked="" type="checkbox"/>	No		Crying Spells	<input checked="" type="checkbox"/>	No
Irritability	<input checked="" type="checkbox"/>	No		Suicide Thoughts	<input checked="" type="checkbox"/>	No
Depression	<input checked="" type="checkbox"/>	No		Loss of Appetite	Yes	<input checked="" type="checkbox"/>
Loss of Memory	<input checked="" type="checkbox"/>	No				

ADDITIONAL QUESTIONS

1. Did any doctor tell you that your problem was work-related? Y ☒ N
If YES, Who _____ When _____
2. Have you had any problems with your stomach in the last 10 years? Y ☒ N
If YES, Describe: _____
3. Have you had any problems with lung disease and/or asthma in the last 10 years? Y ☒ N
If YES, Describe: _____
4. Any surgeries? ☒ Y ☐ N
If YES, Describe: elbow, brain, wrist
5. Any previous work comp claims? ☒ Y ☐ N
If YES, Describe: elbow surgery
What were the results: on going
6. Any other previous accidents? Y ☒ N
If YES, Describe: _____

HOME ENVIRONMENT

1. Please provide us with some information about your present home:
____ Apartment ☒ House _____ Duplex _____ Coop _____
2. Age of building 50+
3. Type of heating: ☒ forced hot air _____ water/steam _____ gas _____ oil _____
4. How many are in your household? 3
5. Are there smokers in your apartment/household? YES ☒ NO
6. Are there pets in your apartment/household? YES ☒ NO
If yes, please specify: _____
7. Do you use pesticides or anti/roach control chemicals at home? YES ☒ NO

8. Do you use a humidifier at home? YES ☒ NO
9. Do you have wall to wall carpeting in your home? YES ☒ NO
10. Have there been any water leaks in your home/apartment? YES ☒ NO
11. Have you noticed visible stains on the walls? YES ☒ NO
12. Visible stains on ceiling tiles? YES ☒ NO
13. Does your home/apartment have a musty odor? YES ☒ NO
14. Have you noticed mold or mildew? YES ☒ NO
If yes, explain _____

15. Have you had any air quality or environmental survey done in your home/apartment? YES ☒ NO
If yes, what were the results?: _____

ACTIVITIES OF DAILY LIVING COMMONLY MEASURED IN ACTIVITIES OF DAILY LIVING (ADL) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) SCALES*

Do you have difficulties with activities of daily living:

ACTIVITY	EXAMPLE	NO	MODERATE	SEVERE
Self care Personal Hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating	✓		
Communication	Writing, typing, seeing, hearing, speaking		✓	
Physical Activity	Standing, sitting, reclining, walking, climbing stairs		✓	
Sensory Function	Hearing, seeing, tactile feeling, tasting, smelling	✓		
Nonspecialized Hand activities	Grasping, lifting, tactile discrimination			
Travel	Riding, driving, flying		✓	
Sexual Function	Orgasm, ejaculation, lubrication, erection		✓	
Sleep	Restful, nocturnal sleep pattern			✓

*Adopted with changes from the American Medical Association Fifth Edition, 2004.

THE EPWORTH SLEEPINESS SCALE

Name: Ruben Suarez
Today's date: 3/25/15 Your age (years): 45
Your sex (male = M; female = F): M

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the *most appropriate number* for each situation:

- 0 = would *never* doze
- 1 = *slight* chance of dozing
- 2 = *moderate* chance of dozing
- 3 = *high* chance of dozing

Situation	Chance of dozing
Sitting and reading	<u>3</u>
Watching TV	<u>3</u>
Sitting inactive in a public place (e.g., a theater or meeting)	<u>3</u>
As a passenger in a car for an hour without a break	<u>3</u>
Lying down to rest in the afternoon when circumstances permit	<u>3</u>
Sitting and talking to someone	<u>3</u>
Sitting quietly after a lunch without alcohol	<u>3</u>
In a car, while stopped for a few minutes in traffic	<u>3</u>

Thank you for your cooperation.

EXHIBIT 39

HAMLIN PSYCHE CENTER

Thomas A. Curtis, M.D.
Medical Director

William W. Kaiser, Ph.D.
Director of Clinical Services

Lorna Punzalan, Office Manager, ext. 218
Italo Vilogron, Treatment Coordinator, ext. 220

14531 Hamlin Street
Van Nuys, CA 91411

www.hamlinpsychecenter.com
Van Nuys: (818) 780-4409
Long Beach: (562) 513-3684
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4300 Long Beach Blvd., #240
Long Beach, CA 90807

Chubb Group of Insurance Companies
P.O. BOX 42065
Phoenix, AZ 85080

Gary Kaplan, Esq.
3600 Wilshire Blvd., Ste. 2100
Los Angeles, CA 90010

Isaac Regev, M.D.
6404 Wilshire Blvd., Ste. 1121
Los Angeles, CA 90048

Re: Ruben Juarez
WCAB #: ADJ9801824
Claim #: 076914050057
Employer: Space Exploration Technology/SpaceX
SSN: [REDACTED] 0743
DOB: [REDACTED] 1970
DOI: CT 3/27/2013-3/27/2014
DOE: 3/31/16

REQUEST FOR AUTHORIZATION

TREATING PSYCHOLOGIST'S INITIAL REPORT WITH PSYCHOLOGICAL TEST RESULTS

Gentlepersons:

Mr. Ruben Juarez, a 46-year-old equipment specialist for Space Exploration Technology/SpaceX, completed psychological evaluation and testing on 3/31/16 at the Van Nuys Hamlin Street office.

INTRODUCTION

On 9/24/14, Mr. Juarez submitted an Employee's Claim for Workers' Compensation Benefits citing a cumulative trauma date of injury from 3/27/13 to 3/27/14 involving his head/headaches and brain/aneurysm due to repetitive and continuous exposure to lead, electronic parts and cleaning substances.

There was a letter dated 11/27/15 from Ariet Agazaryan, a UR triage supervisor from Chubb Group of Insurance Companies indicating to Mr. Juarez that, "We are disputing the liability for the above treatment requested because the injury is being disputed or the liability for the claimed body parts are being disputed: Entirety of the claim."

There was a letter dated 9/26/15 submitted by the primary treating physician, Dr. Isaac Regev, designating Dr. Thomas Curtis as treating physician in this case.

Dr. Curtis designated Gayle K. Windman, Ph.D., as the evaluating psychologist for this report.

This report would comprise the applicant's initial comprehensive psychological evaluation.

It should be kept in mind that this initial treating psychological evaluation could not attest to what should be a more inclusive and detailed history of injury within the investigative reports, records, depositions and other materials of discovery, and afforded by and compensated for within the comparatively unlimited time frames of the medical-legal evaluations of PQME or AME psyche physicians.

It would be requested that the adjuster either promptly authorize the requested psychological treatment plan or submit this request to Utilization Review.

As well, since this office can now provide only limited psychological treatment on a lien basis, it would be requested that the parties seek panel QME or AME psychological/psychiatric consultation as soon as possible so that we can proceed promptly within the parameters of the recommended psychological treatment.

Would the defendant please provide copies of all reports, records, witness statements, depositions and all other discovery documents in this matter. This request would be ongoing for new documents.

IDENTIFYING DATA

Mr. Juarez achieved an Associate's degree. He is married. He lives in Granada Hills with his wife, Isela (age 45), and his daughter, Marisol (age 12).

HISTORY OF THE WORK INJURY

Mr. Juarez began his employment at Space Exploration Technology/SpaceX in about 1/12. His last day of work there was in about 3/14.

Mr. Juarez was placed on disability on 3/28/14 by Dr. Ronald Andiman.

As an equipment specialist, Mr. Juarez's job duties included programming and maintaining equipment, designing tools and fixtures, and being responsible for production prototypes and production support.

Mr. Juarez received above average written work performance evaluations. There were other indications of positive work performance including being recognized as the top performer. He was promoted in 2013. He worked there for about two years.

A few months after he began working at SpaceX, Mr. Juarez developed symptoms of migraine headaches, dizziness, difficulty walking and sinus symptoms due to exposure to electronic materials such as tin and lead; chemical coatings such as Arathane and HumiSeal; and cleaning substances such as thinners and isopropyl alcohol. He reported this issue to his supervisor to no avail.

Mr. Juarez consulted with several doctors until he was sent to get a CT scan, which revealed he had a brain aneurysm. He underwent emergency brain surgery in Cedars-Sinai. He was discharged after three days.

A few days later, Mr. Juarez had a stroke with worsened migraine headaches. Due to his worsening condition, Mr. Juarez had anxiety attacks. He was hopeless and felt like damaged equipment that could not be used.

Mr. Juarez tried to return to work; however, his supervisor said that he could not return to work due to his illness. Mr. Juarez contacted HR and submitted ADA forms. Mr. Juarez was told he would be called back, but he never received a call from them.

In 2014, Mr. Juarez consulted with a neurologist, Ronald Andiman, who diagnosed migraine headache. He also consulted with a psychiatrist, Dr. Steven Schenkel, who prescribed psychotropic medications including Wellbutrin, Xanax, Valium, Zoloft and Ambien.

Ruben Juarez vs. Space Exploration Technology/SpaceX
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In 2015, Mr. Juarez came under the care of the primary treating neurologist, Dr. Isaac Regev.

Mr. Juarez remained symptomatic. His emotional condition will be further described in other sections of this report to follow.

APPLICANT'S REPORT OF EMOTIONAL SYMPTOMS

As a result of the events of injury at work, Mr. Juarez developed symptoms of mental disorder including depression, anxiety, irritability and insomnia.

There have been significant alterations in Mr. Juarez's previously active lifestyle such that the quality of his life became deteriorated. He developed difficulty engaging in his usual activities like before such as basic self-care and housekeeping.

Mr. Juarez reported persisting symptoms of depression including changes in appetite and weight, sleep disturbance, decreased energy, difficulty thinking, and feelings of emptiness and inadequacy.

Mr. Juarez has experienced recurring periods of anxiety with symptoms including recurrent panic attacks, excessive worry, difficulty controlling his worry, feelings of restlessness, feeling "keyed up" and on edge, difficulty concentrating, irritability, muscle tension, abdominal distress and feeling pressured.

There have also been unprovoked crying episodes that have occurred multiple times weekly.

Mr. Juarez has experienced stress-intensified medical symptoms with worsened headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated high blood pressure.

Due to his mental disorder, Mr. Juarez has experienced impairment in his daily activities including bodily functions, personal hygiene, eating properly, sleeping and functioning sexually. Because of his nervousness, there has been increased urinary frequency. There have been problems with stress-related constipation and diarrhea.

Due to stress-related overeating and depressive inactivity, Mr. Juarez has developed a gain of weight of about 20 to 25 pounds.

Mr. Juarez has also experienced a depressively decreased interest in his basic self-care activities including brushing his teeth, bathing regularly and dressing appropriately without prompting from others. In addition, there has been decreased motivation and

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ability to perform normal housekeeping activities including making the bed, cooking a meal and vacuuming the house.

Mr. Juarez has developed decreased sexual interest due to depression, anxiety, emotional withdrawal, irritability and anger.

Mr. Juarez has developed difficulty staying asleep and falling asleep due to depression, anxiety, worry and nightmares. Mr. Juarez uses Ambien, Valium and Sonata to fall asleep. Because of his insomnia, Mr. Juarez has experienced excessive daytime sleepiness, morning headaches, trouble concentrating and a change in his personality. Mr. Juarez's insomnia has persisted.

Due to his emotional distress, Mr. Juarez has had difficulty interacting appropriately with others including family members, friends and neighbors. Mr. Juarez has become emotionally withdrawn.

Due to his mental disorder, Mr. Juarez has developed attitudes that have impaired his ability to socialize including defensiveness, mistrustfulness and fearfulness. Mr. Juarez has become irritable and impatient with people. There have been problems with becoming short-tempered and being prone to inappropriate angry outbursts.

Mr. Juarez has experienced difficulty tolerating prolonged contact with people because of his depression, anxiety, irritability and quickness to anger. There has been insufficient emotional control such that Mr. Juarez yells at others.

Because of Mr. Juarez's emotional disturbances, there has been difficulty paying attention, concentrating and remembering things. Mr. Juarez has experienced problems with distractibility, slowed thinking, mental blocking and loss of his train of thought.

Because of his cognitive impairment, Mr. Juarez has had difficulty communicating his thoughts. Mr. Juarez's cognitive functioning has become impaired such that there has been difficulty in his ability to read a magazine or book and follow the plot of a movie or TV show. Mr. Juarez also has problems remembering telephone numbers, appointments, birthdays, directions, what people tell him and where he left things around the house.

Due to Mr. Juarez's depression and anxiety, there has been psychological fatigue and energy depletion.

PERSONAL AND FAMILY HISTORY

Mr. Juarez was the youngest of six children. He was born and raised in Mexico City. He moved to Southern California in about 1986.

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Mr. Juarez described the relationship he had with his parents, Juan and Aurora, as mostly positive. There appeared to be no problems with the relationship he had with his parents that would be related to his current emotional distress. Mr. Juarez could not recall the years his parents died. In any event, each death was followed by a normal grief reaction that became resolved.

Mr. Juarez described his childhood as happy and normal. He reported no significant childhood problems with peer relations, school behavior, school performance or adolescent turmoil.

Mr. Juarez has been married to Isela since about 1996. In the aftermath of Mr. Juarez's recent work-related problems, the relationship has deteriorated to the point of separation. The problems in Mr. Juarez's relationship appeared to have arisen primarily from his current work-related disability situation. There have been problems in the relationship related to his physical pain and disability, depression, irritability, diminished sexual desire and fatigue. Mr. Juarez indicated that, were it not for the troubles originating from work, he would not have undergone the relationship problems in his personal life.

WORK HISTORY

Mr. Juarez was employed by Space Exploration Technology/SpaceX as an equipment specialist for approximately two years, from about 1/12 to about 3/14.

Prior to that, Mr. Juarez worked for Express Manufacturing from 2010 to 2012. The reason given for leaving this job was to get a new job. Mr. Juarez's work performance was rated above average.

Before that, Mr. Juarez worked for Moore Industries from 2007 to 2009, when he was laid off due to a work injury there. Mr. Juarez's work performance was rated above average.

Prior to that, Mr. Juarez worked for Magnatek from 2004 to 2007. The reason given for leaving this job was to get a new job. Mr. Juarez's work performance was rated above average.

PRIOR WORK INJURIES

In 2008, Mr. Juarez injured his elbow while working for Moore Industries. There was psychological component to the injury. He consulted with a mental health specialist. He recovered.

PSYCHOLOGICAL HISTORY

In regard to his mental health history, Mr. Juarez reported no previous episodes of comparable emotional upset or confusion. He has never undergone psychiatric hospitalization. There have been no suicide attempts. He has never previously been prescribed any psychotropic medication.

PERSONAL HABITS

In regard to his personal habits, Mr. Juarez stated that he is a non-smoker. He no longer drinks. There was a history of conviction for alcohol-related charges including a DUI in 2004. He paid a fine and performed community service. Mr. Juarez denied the use of any illegal drugs or the abuse of any legal ones.

MEDICAL HISTORY

Relevant to serious medical illnesses, surgeries or hospitalizations, Mr. Juarez was diagnosed with CVA or stroke in 2013 and migraine headaches in 2014.

In regard to medication usage, Mr. Juarez has recently taken Depakote, Topamax, Pamelor, Aspirin, Bactrim, Pantoprazole, Carafet, Valium, Xanax, Wellbutrin, Prozac and Ritalin.

INJURY AND LEGAL HISTORY

In the early 2000s, Mr. Juarez injured his shoulders and back in a vehicular accident. He received settlement of approximately \$2,000. As well, in 2015, Mr. Juarez injured his back in another vehicular accident. He recovered from both accidents. There was no psychological component to these injuries.

Additionally, there have been no past convictions of any felonies.

MENTAL STATUS EXAMINATION

Mr. Juarez presented in interview as a 46-year-old male who was casually dressed.

Mr. Juarez initially presented as defensive and guarded due to his natural personality temperament and due to and depression and anxiety. This was particularly evident when he described how he developed migraine headaches and memory impairment and feels like a burden to his family. Once rapport had been established, Mr. Juarez became more open.

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Mr. Juarez's manner of communication was depressed, particularly when revealing how he cannot do things he used to enjoy like playing with his daughter and watching his daughter's basketball games.

Mr. Juarez's thought processes were noted to be anxious when describing how he cannot tolerate loud noises and prefers to be alone in a quiet place.

Mr. Juarez was preoccupied with worries about his career future and his economic future. He has fears of continued intractable pain and permanent work impairment.

There did not appear to be a loss of contact with reality in the form of visual or auditory hallucinations. There was no evidence of frank paranoia or delusions of persecution. There appeared to be an absence of frank schizophrenia or other psychosis.

Mr. Juarez was not able to retain the recollection of three simple items. Mr. Juarez was oriented to the day of the week and date. Mr. Juarez's recall of past serial U.S. presidents was adequate. His ability to perform simple calculation -- the subtraction of serial sevens from 100 -- appeared to be unimpaired.

Mr. Juarez demonstrated diminished cognitive functioning in the clinical interview situation. He was noted to be revealing of defects in concentration, attention and memory. He developed memory impairment due to stroke. He forgets telephone numbers, appointments, birthdays, directions, what people tell him and where he left things around the house. He cannot focus on watching television or reading. It appeared most likely that Mr. Juarez's cognitive deficits were caused by emotionally reactive confusion, overwhelmed psychological coping mechanisms and brain dysfunction.

Mr. Juarez's motivation to recover appeared impaired by aspects of depression including hopelessness. There were not any discernible indications of malingering for secondary gain. Mr. Juarez did not reveal fiscal incentives. Overall, Mr. Juarez and his account of his injuries were deemed to be of average credibility.

Relevant to his need for treatment, Mr. Juarez's capacity for psychological insight and good psychological judgment was observed to be essentially unimpaired. He was interested in receiving psychotherapy.

PSYCHOLOGICAL TEST RESULTS

Overall, Mr. Juarez's psychological test results were massively abnormal.

The Beck Depression Inventory score of 47 placed Mr. Juarez in the severe range of subjective depression, according to Beck scoring criteria.

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There was the administration of the Beck Anxiety Inventory (BAI). This test consists of descriptive statements of anxiety which are endorsed on a 4-point scale. The BAI measures the severity of self-reported anxiety in adult outpatients over the age of 17 years. In this case, the total score of 39 indicated a severe level of anxiety according to Beck scoring criteria.

The Beck Scale for Suicidal Ideation (BSS) not only serves as a screening device to detect suicidal ideation, it also measures the severity of suicidal potential and risk. The ratings for 19 items are calculated such that the total BSS score can range from 0 to 38, from normal to maximal risk. Within this range, the score generated by Mr. Juarez was 7. This indicates a need for emotional treatment to reduce or remove suicidal ideation.

There was the administration of the Insomnia Severity Index (ISI) which measures the severity of self-reported insomnia. This test consists of rating descriptive statements of the patient's current sleep patterns which are endorsed on a 5-point scale. In this case, the total score of 27 indicated severe insomnia according to ISI scoring criteria.

The NSQ (Neuroticism Scale Questionnaire) scores revealed abnormal anxiety and depression. There was also an indication of a need for emotional treatment.

The score of 10 Sten on the Total Scale of the NSQ revealed a definite need for psychotherapy. This score placed him at approximately the 98th percentile for "total neuroticism," according to NSQ scoring criteria.

The Anxiety Scale score of 10 Sten placed Mr. Juarez at approximately the 98th percentile for anxiety in our population. This means that according to NSQ scoring criteria, about 2% or fewer of all people's score fall within the same range of anxiety as did Mr. Juarez.

The score on the Depression Scale, at 9 Sten, placed Mr. Juarez at approximately the 95th percentile for depression in our population. According to NSQ scoring criteria, about 5% of all people's score fall in this range or worse.

The NSQ indicated further abnormalities. The E scale was abnormally elevated to a Sten of 10. This test result reflected excessive gentleness, submissiveness and vulnerability to mental distress and disorder. This score indicated a greater sensitivity than average to the development of mental distress and disorder.

The MMPI-2 (Minnesota Multiphasic Personality Inventory-2) revealed indications of overwhelmed emotional coping mechanisms and mental dysfunction.

The L, F, K scores on the MMPI-2 (8, 24, 12 raw; 70, 110, 43 T) indicated a technically invalid profile. The F-K Index of 12 was beyond the acceptable score of 11. The F Scale was elevated at or above 90 T.

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It should be noted that T scores on the MMPI-2 at or above 65 on the clinical scales are generally considered significant and abnormal.

The exact T scores for clinical scales 1 through 9 were as follows: 108, 104, 104, 77, 60, 75, 102, 118, 49 and 82.

Such MMPI-2 validity scores could reflect intense confusion, a random answering pattern due to factors including cognitive/perceptual dysfunctioning, an overwhelming of psychological coping mechanisms, a lack of cooperation, and/or an exaggeration of symptoms as a cry for help and/or as a purposeful manipulation for secondary gain (malingering). In this particular case, the most likely cause for invalidity would be a combination of factors of actual intense emotional symptomatology, overwhelmed coping mechanisms, impaired motivation and the inhibitory effects of depression, frustration, irritability, anger, fatigue and, most importantly, of personal or cultural variations of high symptom reporting tendencies. There may also be high symptom reporting due to inflation caused by anger and litigation contentiousness. At any rate, the MMPI-2 was invalid and beyond the scope of the standard principles of profile interpretation.

It should also be kept in mind relevant to the concept of invalidity that the MMPI-2 validity measurements do not indicate whether the patient does or does not have a mental disorder. Since a patient with mental disorder could underreport or overreport psychopathology, the measurements of defensiveness/denial and increased frequency of symptom reporting should be applied only to the issue of whether the statistical standards of interpretation can be applied to the clinical scale score and profile. Thus, measurements of the extent of symptom reporting and/or consistency apply only to the reliability of standard interpretation. This must be clarified because it should not be interpreted that the patient or his mental disorder is invalid, only that the standard interpretation should be considered invalid.

In summary, the psychological test results revealed an overwhelming of Mr. Juarez's coping mechanisms and mental dysfunction. In this particular case, the most likely cause for invalidity would be a combination of factors of actual intense emotional symptomatology, overwhelmed coping mechanisms, impaired motivation and the inhibitory effects of depression, frustration, irritability, anger and fatigue.

DIAGNOSES AS PER DSM-5

According to DSM-5 criteria, to qualify for a diagnosis of Major Depressive Disorder, there must be symptoms including depression that has lasted for more than two weeks plus five (5) or more of the following criteria: (1) changes in weight and appetite, (2) decreased interest and motivation, (3) insomnia, (4) decreased energy, (5) difficulty thinking, (6) feelings of inadequacy, and (7) recurrent thoughts of death. In this case,

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Mr. Juarez has developed depression that has lasted for more than two weeks with changes in weight and appetite, decreased interest and motivation, insomnia, decreased energy, difficulty thinking and feelings of inadequacy that have impaired his social and occupational functioning. Furthermore, Mr. Juarez's depressive symptoms are not attributable to the effects of a substance or any other medical condition. Therefore, Mr. Juarez qualifies for Major Depressive Disorder.

According to DSM-5 criteria, Mr. Juarez qualified for a diagnosis of Psychological Factors Affecting Medical Condition because there was the presence of the following medical symptoms—headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and high blood pressure—and because these medical symptoms have been exacerbated by his mental disorder. As well, these symptoms are not better accounted for by another mental disorder.

Therefore, on a psychodiagnostic basis, the most appropriate categories of mental disorder as applied to Mr. Juarez would be as follows:

- | | |
|-------|---|
| F32.9 | Major Depressive Disorder, Single Episode, Unspecified |
| F54 | Psychological Factors Affecting Medical Condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated high blood pressure) |

SUMMARY

Upon examination, Mr. Juarez exhibited abnormal behavior with emotional withdrawal, depressive facial expressions and tearfulness when describing the chemical exposure related medical symptoms he developed during the course of his employment at SpaceX.

A few months after working at SpaceX, Mr. Juarez developed symptoms of migraine headaches, dizziness, difficulty walking and sinus symptoms due to exposures to electronic materials, chemical coatings and cleaning substances there. He reported this issue to his supervisor to no avail. Mr. Juarez underwent a CT scan, which revealed he had a brain aneurysm. He underwent emergency brain surgery in Cedars-Sinai. He was discharged after three days. A few days later, Mr. Juarez had a stroke with worsened migraine headaches. Due to his worsening condition, Mr. Juarez had anxiety attacks. He was hopeless and felt like damaged equipment that could not be used.

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Mr. Juarez tried to return to work; however, his supervisor said that he could not return to work due to his illness. Mr. Juarez contacted HR and submitted ADA forms. Mr. Juarez was told he would be called back, but he never received a call from them.

Mr. Juarez was provided with treatment including medication management for his brain condition under the care of the primary treating physician, Dr. Isaac Regev. For the continuing emotional complications, Mr. Juarez was referred to this office.

Upon examination, Mr. Juarez was found to be too beset by stress-aggravated medical symptoms and too depressed, anxious and overwhelmed to work. Mr. Juarez needed to work through the emotional symptoms in the further passage of time and supportive psychotherapy prior to attempting to return to any job.

Mr. Juarez was found to be temporarily totally disabled on a combined physical and psychological basis.

Mr. Juarez was observed to become emotionally unstable and disturbed at the contemplation of an immediate return to work. If he attempted to return to work, his emotional condition would deteriorate into worsened emotional dysfunction.

The events of injury arising from work were predominantly causative of injury to the psyche. It would be estimated that about 85% would be industrially-caused by the events described above with about 15% caused by the past and personal life events and other factors described below.

There would be past and personal life events and other factors to address in a comprehensive psychological evaluation. For instance, there have been legal matters to consider. In 2004, Mr. Juarez was charged with DUI. He paid a fine and performed community service. There have been no further problems with alcohol or the law. He felt he has had learned his lesson. There has been a prior work injury to consider. In 2008, Mr. Juarez injured his elbow while working for Moore Industries. There was psychological component to the injury. He consulted with a mental health specialist. He recovered. There have also been non-industrial accidents to consider. In the early 2000s, Mr. Juarez injured his shoulders and back in a vehicular accident. He received settlement of approximately \$2,000. As well, in 2015, Mr. Juarez injured his back in another vehicular accident. He recovered from both injuries without emotional residuals. There have also been medical conditions to consider. In 2013, Mr. Juarez was diagnosed with CVA or stroke; in 2014, migraine headaches. These medical conditions may become considered in part as work injury stress-aggravated compensable consequences. In any event, there have been indications of emotional complications of these medical conditions in and of themselves, but not to the point of mental disorder or emotional impairment. Such factors will all be addressed in more detail relevant to the issue of apportionment to be considered when Mr. Juarez's psychological condition becomes permanent and stationary. All of the records should

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be reviewed prior to a final opinion in this area. However, at present, there would appear to be a basis for 15% causation to the prior work injury and the non-industrial components of his medical conditions.

At present, it would not be possible to estimate, on a psychological basis, a return-to-work date for regular or modified work. As well, it cannot yet be determined, on a psychological basis, whether Mr. Juarez will eventually be emotionally able to engage in the occupation he performed at the time of the injury.

In addition, it would not yet be possible to estimate the residuals of permanent emotional impairment, if any.

These estimations will be provided as soon as possible, presumably when Mr. Juarez's psychological condition becomes closer to reaching permanent and stationary status.

Mr. Juarez was found to be in need of emotional treatment.

It should be noted that the California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines Page 23 on Behavioral Interventions (CA MTUS Reg. 9792.24.2) indicates that Cognitive Behavioral Therapy (CBT) is "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence."

According to the Chronic Pain Guidelines, the following would be recommended:

- *Initial trial of 3-4 psychotherapy visits over 2 weeks.*
- *With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions).*

According to the guidelines, therefore, there would be a request for authorization of four (4) cognitive behavior psychotherapy (CBT) sessions in the next few weeks.

The medical necessity and clinical rationale for such treatment would be set forth as follows: Without such treatment, the depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment could worsen rather than improve as expected.

Overall, an attempt will be made to provide only the amount of emotional treatment essential to improving and maintaining emotional and cognitive functioning.

There will be the provision of CBT to help offset Mr. Juarez's symptoms of anxiety, panic, emotional withdrawal, isolation and depression.

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There will also be the provision of psychotropic medication evaluation and management. Prescriptions will be provided as needed through the medical staff at this office.

Adjustments in medication will be provided according to the individual patient's needs. The frequency of medication management contacts should usually be no more than once every three weeks at the beginning, and when optimal, no more than every three to four months after that.

It should also be recalled that, according to the ODG that there is a risk of weaning patients off of psychotropic medications and that medications "should not be stopped abruptly if used for psychiatric conditions...[weaning] may take as long as 3 to 6 months."

It has been concluded that the combination of psychotropic medication and psychotherapy, particularly in the form of integrated treatment provided within a single setting, was more efficacious in leading to a better quality of life and potential increased productivity in the workplace (Langlieb AM, Kahn JP. How much does quality mental health care profit employers? J Occup Env Med. 2005; 47(11):1099-1109.)

Cognitive behavioral therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy) (Puykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004). It also fared well in a meta-analysis comparing 78 clinical trials from 1977 - 1996 (Gloaguen, 1998). In another study, it was found that combined therapy (antidepressants plus psychotherapy) was found to be more effective than psychotherapy alone (Thase, 1997). A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy (Corey-Lisle, 2004). A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment (Pampallona, 2003). For panic disorder, cognitive behavioral therapy is more effective and more cost-effective than medication (Royal Australian, 2003). The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy (Warren, 2005).

In the interim, it should be kept in mind that Evidence-Based Mental Health concluded that in patients with depression, group psychotherapy is effective for relieving symptoms and that nine (9) studies showed that group psychotherapy and individual psychotherapy did not differ in effectiveness. (Evid. Based Mental Health 2001; 4:82 doi: 10.1136/ebmh.4.3.82... "Review: group psychotherapy is effective for depression (2001) Clinical Psychological Science and Practice 8, 98. McDermut W, Miller IW, Brown RA., The efficacy of group psychotherapy for depression: a meta-analysis and review of the empirical research...Spring;...-116 [CrossRef] [Web of Science])

As well, there is an abundance of evidence in the literature documenting the effectiveness of individual and group psychotherapy in chronic pain patients. Therefore, Mr. Juarez will be provided with CBT also to help in addressing his pain problems.

The effectiveness of individual and group psychotherapy in chronic pain patients has been firmly established (Gamsa A, Braha RF, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Tsung CW, Lam CS, Hui KY, Chan CC. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kuhajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

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The appropriateness and importance of the use of individual and group psychotherapy in chronic pain patients has also been firmly established in further research. (See Gamsa A, Braha RE, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Tsang CW, Lam CS, Hui KY, Chan CC. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kukajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

Cognitive behavioral rehabilitation programs have been demonstrated to be an effective means of reducing psychological distress, of changing cognition, and of improving the function of patients with chronic low back pain (Rose MJ, Reilly JP, Pennie B, Bowen-Jones K, Stanley IM, Slade PD. Chronic low back pain rehabilitation programs: a study of the optimum duration of treatment and a comparison of group and individual therapy. Spine. 1997; 22(19):2246-51; discussion 2252-3.) It has also been shown that psychological interventions in combination with physiotherapy can be effective in treating fibromyalgia patients, especially if applied early (Keel PJ, Bodoky C, Gerhard U, Müller W. Comparison of integrated group therapy and group relaxation training for fibromyalgia. Clin J Pain. 1998; 14(3):232-8.)

Experimental subjects suffering from chronic pain and treated in a multi-modality based setting including the provision of psychotherapy reported less pain, better control over pain, more pleasurable activities and feelings, less avoidance and less catastrophizing. In addition, disability was reduced in terms of social roles, physical functions and mental performance. (Basler HD, Jäkle C, Kröner-Herwig B. Incorporation of cognitive-behavioral treatment into the medical care of chronic low back patients: a controlled randomized study in German pain treatment centers. Patient Educ Couns. 1997; 31(2):113-24.) In the rehabilitation setting, the provision of psychotherapy stable anxiety levels despite increased patient effort implied improved pain tolerance. (Singh G, Willen SN, Boswell MV, Janata JW, Chelmsky TC. The value of interdisciplinary pain management in complex regional pain syndrome type I: a prospective outcome study. Pain Physician. 2004; 7(2):203-9.) Treatment with psychotherapy has also shown to cause a decrease in the degree to which pain interferes with activity, increasing the ability to cope with pain, and allowing a decreased use of some medications and other physical treatments (Puder RS. Age analysis of cognitive-behavioral group therapy for chronic pain outpatients. Psychol Aging. 1988; 3(2):204-7.)

Would the claims administrator please fax to this office a letter of authorization for the aforementioned psychological treatment to be initiated as soon as possible.

It would be hereby requested that the defendant authorize the aforementioned course of emotional treatment at my office.

It should be noted further that Labor Code 5402(b) immediately went into effect with the passage of the Workers' Compensation reform bill on 4/19/04. Labor Code 5402(c) requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. As of 6/1/04, Labor Code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the defendant please provide immediate payment.

Would the claims adjuster please provide copies of all medical records, personnel records, investigative reports or any other relevant discovery materials. These data are essential to evaluating complex matters of causation and apportionment. It would also be appreciated if the claims adjuster would provide notification of any scheduled psyche Agreed Medical Examinations, defense QME examinations or panel QME examinations,

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and/or any reluctance to make reimbursement for a comprehensive permanent and stationary evaluation from this office. Would the adjuster please advise this office if the applicant is not an employee, was the initial aggressor, did not timely report the injury, filed a fraudulent claim or was otherwise not legally eligible for benefits. Would the adjuster please also submit any information relevant to any important upcoming court dates, in particular any expedited hearings or Mandatory Settlement Conferences; and please provide notification of any psyche physician's depositions.

If there are any valid objections such that there would not be the authorization for the requested treatment at this office, could the adjuster please report the basis for such denial within seven days.

For further information on treatment details, please request a brief narrative report. Otherwise, there will be further reports to follow as necessary.

Thank you for your consideration in this matter.

AFFIDAVIT OF COMPLIANCE

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

In the preparation of this report, I was assisted by Thomas A. Curtis, M.D., who edited the first draft and provided the psychological test interpretations.

It should be noted that, aside from the clerical preparation of this report, any reviews deemed necessary and appropriate to identify and determine the relevant psychological issues in this matter and to determine the diagnoses, conclusions and recommendations contained in this report, have been performed by me.

I declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3.

I also declare under penalty of perjury that the attached billing for services is true and correct to the best of my knowledge.

The opportunity to provide this evaluation has been appreciated.

If there are any questions, please feel free to contact me.

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Signed on 4/13/16 in Los Angeles County, California.

Signature: _____



Gayle K. Windman, Ph.D. (PSY 19944)

COMPEX LEGAL SERVICES

CERTIFICATION

(Pursuant to F.R.E. 803(6), 902(11), AND 28 U.S.C. § 1746)

I hereby certify and declare under penalty of perjury under the laws of the United States of America that the following statements are true and correct to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for

HAMLIN PSYCHE CENTER
14531 HAMLIN STREET, VAN NUYS, CA 91411.

I have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control which are all of the records under the custody and control of HAMLIN PSYCHE CENTER, described and called for in the SUBPOENA/Authorization served with this declaration in the matter related to said individual or thing pertaining to:

RECORDS OF: JUAREZ, RUBEN
AKA: RUBEN, HERNANDEZ JUAREZ
DATE OF BIRTH [REDACTED] **1970**
SOCIAL SECURITY # [REDACTED] **0743**

HOW ORIGINAL RECORDS WERE PREPARED	
<input checked="" type="checkbox"/> HANDWRITTEN NOTES	<input checked="" type="checkbox"/> TYPED/DATA ENTERED
<input type="checkbox"/> TRANSCRIBED	<input type="checkbox"/> OTHER _____

TYPE OF RECORDS PRODUCED			
<input checked="" type="checkbox"/> MEDICAL	<input checked="" type="checkbox"/> BILLING	<input type="checkbox"/> FILMS	<input type="checkbox"/> INSURANCE
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> PAYROLL	<input type="checkbox"/> SCHOLASTIC	
<input type="checkbox"/> OTHER _____			

Said records were made at or near the time of the statements, acts, events, conditions, opinions, diagnoses, etc., that are reported in those records, by a person with knowledge of and a business duty to record those matters. Said records were kept in the course of a regularly conducted activity of the business, and made as a regular practice and custom of the business. I have delivered all of the records requested with the following exceptions:

Yuliana Rios
CUSTODIAN OF RECORDS NAME (PLEASE PRINT)

S.S.D Disability / Medical Records
DEPARTMENT Dept.

[Signature]
SIGNATURE OF CUSTODIAN OF RECORDS

6-25-18 Van Nuys, CA
DATE, AND CITY AND STATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE AND CORRECT COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.

6/25/18 Van Nuys, CA
DATE, AND CITY AND STATE

[Signature]
SIGNATURE

Anthony Hernandez
PRINT NAME

PURSUANT TO CAL. BUS. AND PROF. CODE § 22462, I WILL MAINTAIN THE INTEGRITY AND CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

EXHIBIT 40

HAMLIN PSYCHE CENTER

Thomas A. Curtis, M.D.
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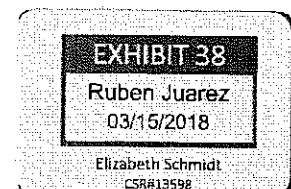
Re: Ruben Juarez
WCAB #: ADJ9801824
Claim #: 076914050057
Employer: Space Exploration Technology/SpaceX
SSN: [REDACTED]-0743
DOB: [REDACTED] 1970
DOI: CT 3/27/2013-3/27/2014
DOE: 3/31/16

REQUEST FOR AUTHORIZATION

TREATING PSYCHOLOGIST'S INITIAL REPORT WITH PSYCHOLOGICAL TEST RESULTS

Gentlepersons:

Mr. Ruben Juarez, a 46-year-old equipment specialist for Space Exploration Technology/SpaceX, completed psychological evaluation and testing on 3/31/16 at the Van Nuys Hamlin Street office.



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INTRODUCTION

On 9/24/14, Mr. Juarez submitted an Employee's Claim for Workers' Compensation Benefits citing a cumulative trauma date of injury from 3/27/13 to 3/27/14 involving his head/headaches and brain/aneurysm due to repetitive and continuous exposure to lead, electronic parts and cleaning substances.

There was a letter dated 11/27/15 from Ariet Agazaryan, a UR triage supervisor from Chubb Group of Insurance Companies indicating to Mr. Juarez that, "We are disputing the liability for the above treatment requested because the injury is being disputed or the liability for the claimed body parts are being disputed: Entirety of the claim."

There was a letter dated 9/26/15 submitted by the primary treating physician, Dr. Isaac Regev, designating Dr. Thomas Curtis as treating physician in this case.

Dr. Curtis designated Gayle K. Windman, Ph.D., as the evaluating psychologist for this report.

This report would comprise the applicant's initial comprehensive psychological evaluation.

It should be kept in mind that this initial treating psychological evaluation could not attest to what should be a more inclusive and detailed history of injury within the investigative reports, records, depositions and other materials of discovery, and afforded by and compensated for within the comparatively unlimited time frames of the medical-legal evaluations of PQME or AME psyche physicians.

It would be requested that the adjuster either promptly authorize the requested psychological treatment plan or submit this request to Utilization Review.

As well, since this office can now provide only limited psychological treatment on a lien basis, it would be requested that the parties seek panel QME or AME psychological/psychiatric consultation as soon as possible so that we can proceed promptly within the parameters of the recommended psychological treatment.

Would the defendant please provide copies of all reports, records, witness statements, depositions and all other discovery documents in this matter. This request would be ongoing for new documents.

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IDENTIFYING DATA

Mr. Juarez achieved an Associate's degree. He is married. He lives in Granada Hills with his wife, Isela (age 45), and his daughter, Marisol (age 12).

HISTORY OF THE WORK INJURY

Mr. Juarez began his employment at Space Exploration Technology/SpaceX in about 1/12. His last day of work there was in about 3/14.

Mr. Juarez was placed on disability on 3/28/14 by Dr. Ronald Andiman.

As an equipment specialist, Mr. Juarez's job duties included programming and maintaining equipment, designing tools and fixtures, and being responsible for production prototypes and production support.

Mr. Juarez received above average written work performance evaluations. There were other indications of positive work performance including being recognized as the top performer. He was promoted in 2013. He worked there for about two years.

A few months after he began working at SpaceX, Mr. Juarez developed symptoms of migraine headaches, dizziness, difficulty walking and sinus symptoms due to exposure to electronic materials such as tin and lead; chemical coatings such as Arathane and HumiSeal; and cleaning substances such as thinners and isopropyl alcohol. He reported this issue to his supervisor to no avail.

Mr. Juarez consulted with several doctors until he was sent to get a CT scan, which revealed he had a brain aneurysm. He underwent emergency brain surgery in Cedars-Sinai. He was discharged after three days.

A few days later, Mr. Juarez had a stroke with worsened migraine headaches. Due to his worsening condition, Mr. Juarez had anxiety attacks. He was hopeless and felt like damaged equipment that could not be used.

Mr. Juarez tried to return to work; however, his supervisor said that he could not return to work due to his illness. Mr. Juarez contacted HR and submitted ADA forms. Mr. Juarez was told he would be called back, but he never received a call from them.

In 2014, Mr. Juarez consulted with a neurologist, Ronald Andiman, who diagnosed migraine headache. He also consulted with a psychiatrist, Dr. Steven Schenkel, who prescribed psychotropic medications including Wellbutrin, Xanax, Valium, Zoloft and Ambien.

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In 2015, Mr. Juarez came under the care of the primary treating neurologist, Dr. Isaac Regev.

Mr. Juarez remained symptomatic. His emotional condition will be further described in other sections of this report to follow.

APPLICANT'S REPORT OF EMOTIONAL SYMPTOMS

As a result of the events of injury at work, Mr. Juarez developed symptoms of mental disorder including depression, anxiety, irritability and insomnia.

There have been significant alterations in Mr. Juarez's previously active lifestyle such that the quality of his life became deteriorated. He developed difficulty engaging in his usual activities like before such as basic self-care and housekeeping.

Mr. Juarez reported persisting symptoms of depression including changes in appetite and weight, sleep disturbance, decreased energy, difficulty thinking, and feelings of emptiness and inadequacy.

Mr. Juarez has experienced recurring periods of anxiety with symptoms including recurrent panic attacks, excessive worry, difficulty controlling his worry, feelings of restlessness, feeling "keyed up" and on edge, difficulty concentrating, irritability, muscle tension, abdominal distress and feeling pressured.

There have also been unprovoked crying episodes that have occurred multiple times weekly.

Mr. Juarez has experienced stress-intensified medical symptoms with worsened headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated high blood pressure.

Due to his mental disorder, Mr. Juarez has experienced impairment in his daily activities including bodily functions, personal hygiene, eating properly, sleeping and functioning sexually. Because of his nervousness, there has been increased urinary frequency. There have been problems with stress-related constipation and diarrhea.

Due to stress-related overeating and depressive inactivity, Mr. Juarez has developed a gain of weight of about 20 to 25 pounds.

Mr. Juarez has also experienced a depressively decreased interest in his basic self-care activities including brushing his teeth, bathing regularly and dressing appropriately without prompting from others. In addition, there has been decreased motivation and

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ability to perform normal housekeeping activities including making the bed, cooking a meal and vacuuming the house.

Mr. Juárez has developed decreased sexual interest due to depression, anxiety, emotional withdrawal, irritability and anger.

Mr. Juárez has developed difficulty staying asleep and falling asleep due to depression, anxiety, worry and nightmares. Mr. Juárez uses Ambien, Valium and Sonata to fall asleep. Because of his insomnia, Mr. Juárez has experienced excessive daytime sleepiness, morning headaches, trouble concentrating and a change in his personality. Mr. Juárez's insomnia has persisted.

Due to his emotional distress, Mr. Juárez has had difficulty interacting appropriately with others including family members, friends and neighbors. Mr. Juárez has become emotionally withdrawn.

Due to his mental disorder, Mr. Juárez has developed attitudes that have impaired his ability to socialize including defensiveness, mistrustfulness and fearfulness. Mr. Juárez has become irritable and impatient with people. There have been problems with becoming short-tempered and being prone to inappropriate angry outbursts.

Mr. Juárez has experienced difficulty tolerating prolonged contact with people because of his depression, anxiety, irritability and quickness to anger. There has been insufficient emotional control such that Mr. Juárez yells at others.

Because of Mr. Juárez's emotional disturbances, there has been difficulty paying attention, concentrating and remembering things. Mr. Juárez has experienced problems with distractibility, slowed thinking, mental blocking and loss of his train of thought.

Because of his cognitive impairment, Mr. Juárez has had difficulty communicating his thoughts. Mr. Juárez's cognitive functioning has become impaired such that there has been difficulty in his ability to read a magazine or book and follow the plot of a movie or TV show. Mr. Juárez also has problems remembering telephone numbers, appointments, birthdays, directions, what people tell him and where he left things around the house.

Due to Mr. Juárez's depression and anxiety, there has been psychological fatigue and energy depletion.

PERSONAL AND FAMILY HISTORY

Mr. Juárez was the youngest of six children. He was born and raised in Mexico City. He moved to Southern California in about 1986.

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Mr. Juarez described the relationship he had with his parents, Juan and Aurora, as mostly positive. There appeared to be no problems with the relationship he had with his parents that would be related to his current emotional distress. Mr. Juarez could not recall the years his parents died. In any event, each death was followed by a normal grief reaction that became resolved.

Mr. Juarez described his childhood as happy and normal. He reported no significant childhood problems with peer relations, school behavior, school performance or adolescent turmoil.

Mr. Juarez has been married to Isela since about 1996. In the aftermath of Mr. Juarez's recent work-related problems, the relationship has deteriorated to the point of separation. The problems in Mr. Juarez's relationship appeared to have arisen primarily from his current work-related disability situation. There have been problems in the relationship related to his physical pain and disability, depression, irritability, diminished sexual desire and fatigue. Mr. Juarez indicated that, were it not for the troubles originating from work, he would not have undergone the relationship problems in his personal life.

WORK HISTORY

Mr. Juarez was employed by Space Exploration Technology/SpaceX as an equipment specialist for approximately two years, from about 1/12 to about 3/14.

Prior to that, Mr. Juarez worked for Express Manufacturing from 2010 to 2012. The reason given for leaving this job was to get a new job. Mr. Juarez's work performance was rated above average.

Before that, Mr. Juarez worked for Moore Industries from 2007 to 2009, when he was laid off due to a work injury there. Mr. Juarez's work performance was rated above average.

Prior to that, Mr. Juarez worked for Magnatek from 2004 to 2007. The reason given for leaving this job was to get a new job. Mr. Juarez's work performance was rated above average.

PRIOR WORK INJURIES

In 2008, Mr. Juarez injured his elbow while working for Moore Industries. There was psychological component to the injury. He consulted with a mental health specialist. He recovered.

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PSYCHOLOGICAL HISTORY

In regard to his mental health history, Mr. Juarez reported no previous episodes of comparable emotional upset or confusion. He has never undergone psychiatric hospitalization. There have been no suicide attempts. He has never previously been prescribed any psychotropic medication.

PERSONAL HABITS

In regard to his personal habits, Mr. Juarez stated that he is a non-smoker. He no longer drinks. There was a history of conviction for alcohol-related charges including a DUI in 2004. He paid a fine and performed community service. Mr. Juarez denied the use of any illegal drugs or the abuse of any legal ones.

MEDICAL HISTORY

Relevant to serious medical illnesses, surgeries or hospitalizations, Mr. Juarez was diagnosed with CVA or stroke in 2013 and migraine headaches in 2014.

In regard to medication usage, Mr. Juarez has recently taken Depakote, Topamax, Pamelor, Aspirin, Bactrim, Pantoprazole, Carafet, Valium, Xanax, Wellbutrin, Prozac and Ritalin.

INJURY AND LEGAL HISTORY

In the early 2000s, Mr. Juarez injured his shoulders and back in a vehicular accident. He received settlement of approximately \$2,000. As well, in 2015, Mr. Juarez injured his back in another vehicular accident. He recovered from both accidents. There was no psychological component to these injuries.

Additionally, there have been no past convictions of any felonies.

MENTAL STATUS EXAMINATION

Mr. Juarez presented in interview as a 46-year-old male who was casually dressed.

Mr. Juarez initially presented as defensive and guarded due to his natural personality temperament and due to and depression and anxiety. This was particularly evident when he described how he developed migraine headaches and memory impairment and feels like a burden to his family. Once rapport had been established, Mr. Juarez became more open.

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Mr. Juarez's manner of communication was depressed, particularly when revealing how he cannot do things he used to enjoy like playing with his daughter and watching his daughter's basketball games.

Mr. Juarez's thought processes were noted to be anxious when describing how he cannot tolerate loud noises and prefers to be alone in a quiet place.

Mr. Juarez was preoccupied with worries about his career future and his economic future. He has fears of continued intractable pain and permanent work impairment.

There did not appear to be a loss of contact with reality in the form of visual or auditory hallucinations. There was no evidence of frank paranoia or delusions of persecution. There appeared to be an absence of frank schizophrenia or other psychosis.

Mr. Juarez was not able to retain the recollection of three simple items. Mr. Juarez was oriented to the day of the week and date. Mr. Juarez's recall of past serial U.S. presidents was adequate. His ability to perform simple calculation -- the subtraction of serial sevens from 100 -- appeared to be unimpaired.

Mr. Juarez demonstrated diminished cognitive functioning in the clinical interview situation. He was noted to be revealing of defects in concentration, attention and memory. He developed memory impairment due to stroke. He forgets telephone numbers, appointments, birthdays, directions, what people tell him and where he left things around the house. He cannot focus on watching television or reading. It appeared most likely that Mr. Juarez's cognitive deficits were caused by emotionally reactive confusion, overwhelmed psychological coping mechanisms and brain dysfunction.

Mr. Juarez's motivation to recover appeared impaired by aspects of depression including hopelessness. There were not any discernible indications of malingering for secondary gain. Mr. Juarez did not reveal fiscal incentives. Overall, Mr. Juarez and his account of his injuries were deemed to be of average credibility.

Relevant to his need for treatment, Mr. Juarez's capacity for psychological insight and good psychological judgment was observed to be essentially unimpaired. He was interested in receiving psychotherapy.

PSYCHOLOGICAL TEST RESULTS

Overall, Mr. Juarez's psychological test results were massively abnormal.

The Beck Depression Inventory score of 47 placed Mr. Juarez in the severe range of subjective depression, according to Beck scoring criteria.

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There was the administration of the Beck Anxiety Inventory (BAI). This test consists of descriptive statements of anxiety which are endorsed on a 4-point scale. The BAI measures the severity of self-reported anxiety in adult outpatients over the age of 17 years. In this case, the total score of 39 indicated a severe level of anxiety according to Beck scoring criteria.

The Beck Scale for Suicidal Ideation (BSS) not only serves as a screening device to detect suicidal ideation, it also measures the severity of suicidal potential and risk. The ratings for 19 items are calculated such that the total BSS score can range from 0 to 38, from normal to maximal risk. Within this range, the score generated by Mr. Juarez was 7. This indicates a need for emotional treatment to reduce or remove suicidal ideation.

There was the administration of the Insomnia Severity Index (ISI) which measures the severity of self-reported insomnia. This test consists of rating descriptive statements of the patient's current sleep patterns which are endorsed on a 5-point scale. In this case, the total score of 27 indicated severe insomnia according to ISI scoring criteria.

The NSQ (Neuroticism Scale Questionnaire) scores revealed abnormal anxiety and depression. There was also an indication of a need for emotional treatment.

The score of 10 Sten on the Total Scale of the NSQ revealed a definite need for psychotherapy. This score placed him at approximately the 98th percentile for "total neuroticism," according to NSQ scoring criteria.

The Anxiety Scale score of 10 Sten placed Mr. Juarez at approximately the 98th percentile for anxiety in our population. This means that according to NSQ scoring criteria, about 2% or fewer of all people's score fall within the same range of anxiety as did Mr. Juarez.

The score on the Depression Scale, at 9 Sten, placed Mr. Juarez at approximately the 95th percentile for depression in our population. According to NSQ scoring criteria, about 5% of all people's score fall in this range or worse.

The NSQ indicated further abnormalities. The E scale was abnormally elevated to a Sten of 10. This test result reflected excessive gentleness, submissiveness and vulnerability to mental distress and disorder. This score indicated a greater sensitivity than average to the development of mental distress and disorder.

The MMPI-2 (Minnesota Multiphasic Personality Inventory-2) revealed indications of overwhelmed emotional coping mechanisms and mental dysfunction.

The L, F, K scores on the MMPI-2 (8, 24, 12 raw; 70, 110, 43 T) indicated a technically invalid profile. The F-K Index of 12 was beyond the acceptable score of 11. The F Scale was elevated at or above 90 T.

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It should be noted that T scores on the MMPI-2 at or above 65 on the clinical scales are generally considered significant and abnormal.

The exact T scores for clinical scales 1 through 9 were as follows: 108, 104, 104, 77, 60, 75, 102, 118, 49 and 82.

Such MMPI-2 validity scores could reflect intense confusion, a random answering pattern due to factors including cognitive/perceptual dysfunctioning, an overwhelming of psychological coping mechanisms, a lack of cooperation, and/or an exaggeration of symptoms as a cry for help and/or as a purposeful manipulation for secondary gain (malingering). In this particular case, the most likely cause for invalidity would be a combination of factors of actual intense emotional symptomatology, overwhelmed coping mechanisms, impaired motivation and the inhibitory effects of depression, frustration, irritability, anger, fatigue and, most importantly, of personal or cultural variations of high symptom reporting tendencies. There may also be high symptom reporting due to inflation caused by anger and litigation contentiousness. At any rate, the MMPI-2 was invalid and beyond the scope of the standard principles of profile interpretation.

It should also be kept in mind relevant to the concept of invalidity that the MMPI-2 validity measurements do not indicate whether the patient does or does not have a mental disorder. Since a patient with mental disorder could underreport or overreport psychopathology, the measurements of defensiveness/denial and increased frequency of symptom reporting should be applied only to the issue of whether the statistical standards of interpretation can be applied to the clinical scale score and profile. Thus, measurements of the extent of symptom reporting and/or consistency apply only to the reliability of standard interpretation. This must be clarified because it should not be interpreted that the patient or his mental disorder is invalid, only that the standard interpretation should be considered invalid.

In summary, the psychological test results revealed an overwhelming of Mr. Juarez's coping mechanisms and mental dysfunction. In this particular case, the most likely cause for invalidity would be a combination of factors of actual intense emotional symptomatology, overwhelmed coping mechanisms, impaired motivation and the inhibitory effects of depression, frustration, irritability, anger and fatigue.

DIAGNOSES AS PER DSM-5

According to DSM-5 criteria, to qualify for a diagnosis of Major Depressive Disorder, there must be symptoms including depression that has lasted for more than two weeks plus five (5) or more of the following criteria: (1) changes in weight and appetite, (2) decreased interest and motivation, (3) insomnia, (4) decreased energy, (5) difficulty thinking, (6) feelings of inadequacy, and (7) recurrent thoughts of death. In this case,

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Mr. Juarez has developed depression that has lasted for more than two weeks with changes in weight and appetite, decreased interest and motivation, insomnia, decreased energy, difficulty thinking and feelings of inadequacy that have impaired his social and occupational functioning. Furthermore, Mr. Juarez's depressive symptoms are not attributable to the effects of a substance or any other medical condition. Therefore, Mr. Juarez qualifies for Major Depressive Disorder.

According to DSM-5 criteria, Mr. Juarez qualified for a diagnosis of Psychological Factors Affecting Medical Condition because there was the presence of the following medical symptoms—headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and high blood pressure—and because these medical symptoms have been exacerbated by his mental disorder. As well, these symptoms are not better accounted for by another mental disorder.

Therefore, on a psychodiagnostic basis, the most appropriate categories of mental disorder as applied to Mr. Juarez would be as follows:

- F32.9 Major Depressive Disorder, Single Episode, Unspecified
- F54 Psychological Factors Affecting Medical Condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated high blood pressure)

SUMMARY

Upon examination, Mr. Juarez exhibited abnormal behavior with emotional withdrawal, depressive facial expressions and tearfulness when describing the chemical exposure related medical symptoms he developed during the course of his employment at SpaceX.

A few months after working at SpaceX, Mr. Juarez developed symptoms of migraine headaches, dizziness, difficulty walking and sinus symptoms due to exposures to electronic materials, chemical coatings and cleaning substances there. He reported this issue to his supervisor to no avail. Mr. Juarez underwent a CT scan, which revealed he had a brain aneurysm. He underwent emergency brain surgery in Cedars-Sinai. He was discharged after three days. A few days later, Mr. Juarez had a stroke with worsened migraine headaches. Due to his worsening condition, Mr. Juarez had anxiety attacks. He was hopeless and felt like damaged equipment that could not be used.

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Mr. Juarez tried to return to work; however, his supervisor said that he could not return to work due to his illness. Mr. Juarez contacted HR and submitted ADA forms. Mr. Juarez was told he would be called back, but he never received a call from them.

Mr. Juarez was provided with treatment including medication management for his brain condition under the care of the primary treating physician, Dr. Isaac Regev. For the continuing emotional complications, Mr. Juarez was referred to this office.

Upon examination, Mr. Juarez was found to be too beset by stress-aggravated medical symptoms and too depressed, anxious and overwhelmed to work. Mr. Juarez needed to work through the emotional symptoms in the further passage of time and supportive psychotherapy prior to attempting to return to any job.

Mr. Juarez was found to be temporarily totally disabled on a combined physical and psychological basis.

Mr. Juarez was observed to become emotionally unstable and disturbed at the contemplation of an immediate return to work. If he attempted to return to work, his emotional condition would deteriorate into worsened emotional dysfunction.

The events of injury arising from work were predominantly causative of injury to the psyche. It would be estimated that about 85% would be industrially-caused by the events described above with about 15% caused by the past and personal life events and other factors described below.

There would be past and personal life events and other factors to address in a comprehensive psychological evaluation. For instance, there have been legal matters to consider. In 2004, Mr. Juarez was charged with DUI. He paid a fine and performed community service. There have been no further problems with alcohol or the law. He felt he has had learned his lesson. There has been a prior work injury to consider. In 2008, Mr. Juarez injured his elbow while working for Moore Industries. There was psychological component to the injury. He consulted with a mental health specialist. He recovered. There have also been non-industrial accidents to consider. In the early 2000s, Mr. Juarez injured his shoulders and back in a vehicular accident. He received settlement of approximately \$2,000. As well, in 2015, Mr. Juarez injured his back in another vehicular accident. He recovered from both injuries without emotional residuals. There have also been medical conditions to consider. In 2013, Mr. Juarez was diagnosed with CVA or stroke; in 2014, migraine headaches. These medical conditions may become considered in part as work injury stress-aggravated compensable consequences. In any event, there have been indications of emotional complications of these medical conditions in and of themselves, but not to the point of mental disorder or emotional impairment. Such factors will all be addressed in more detail relevant to the issue of apportionment to be considered when Mr. Juarez's psychological condition becomes permanent and stationary. All of the records should

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be reviewed prior to a final opinion in this area. However, at present, there would appear to be a basis for 15% causation to the prior work injury and the non-industrial components of his medical conditions.

At present, it would not be possible to estimate, on a psychological basis, a return-to-work date for regular or modified work. As well, it cannot yet be determined, on a psychological basis, whether Mr. Juarez will eventually be emotionally able to engage in the occupation he performed at the time of the injury.

In addition, it would not yet be possible to estimate the residuals of permanent emotional impairment, if any.

These estimations will be provided as soon as possible, presumably when Mr. Juarez's psychological condition becomes closer to reaching permanent and stationary status.

Mr. Juarez was found to be in need of emotional treatment.

It should be noted that the California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines Page 23 on Behavioral Interventions (CA MTUS Reg. 9792.24.2) indicates that Cognitive Behavioral Therapy (CBT) is "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence."

According to the Chronic Pain Guidelines, the following would be recommended:

- Initial trial of 3-4 psychotherapy visits over 2 weeks.
- With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions).

According to the guidelines, therefore, there would be a request for authorization of four (4) cognitive behavior psychotherapy (CBT) sessions in the next few weeks.

The medical necessity and clinical rationale for such treatment would be set forth as follows: Without such treatment, the depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment could worsen rather than improve as expected.

Overall, an attempt will be made to provide only the amount of emotional treatment essential to improving and maintaining emotional and cognitive functioning.

There will be the provision of CBT to help offset Mr. Juarez's symptoms of anxiety, panic, emotional withdrawal, isolation and depression.

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There will also be the provision of psychotropic medication evaluation and management. Prescriptions will be provided as needed through the medical staff at this office.

Adjustments in medication will be provided according to the individual patient's needs. The frequency of medication management contacts should usually be no more than once every three weeks at the beginning, and when optimal, no more than every three to four months after that.

It should also be recalled that, according to the ODG that there is a risk of weaning patients off of psychotropic medications and that medications "should not be stopped abruptly if used for psychiatric conditions...[weaning] may take as long as 3 to 6 months."

It has been concluded that the combination of psychotropic medication and psychotherapy, particularly in the form of integrated treatment provided within a single setting, was more efficacious in leading to a better quality of life and potential increased productivity in the workplace (Langlieb AM, Kuhn JP. How much does quality mental health care profit employers? J Occup Env Med. 2005; 47(11):1099-1109.)

Cognitive behavioral therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy) (Paykel, 2006) (Bookting, 2006) (DeRubeis, 1999) (Goldapple, 2004). It also fared well in a meta-analysis comparing 78 clinical trials from 1977-1996 (Cloaguen, 1998). In another study, it was found that combined therapy (antidepressants plus psychotherapy) was found to be more effective than psychotherapy alone (Thase, 1997). A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy (Corey-Lisle, 2004). A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment (Pampallona, 2003). For panic disorder, cognitive behavioral therapy is more effective and more cost-effective than medication (Royal Australian, 2003). The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy (Warren, 2005).

In the interim, it should be kept in mind that Evidence-Based Mental Health concluded that in patients with depression, group psychotherapy is effective for relieving symptoms and that nine (9) studies showed that group psychotherapy and individual psychotherapy did not differ in effectiveness. (Evid. Based Mental Health 2001; 4:82 doi: 10.1136/ebmh.4.3.82... "Review: group psychotherapy is effective for depression (2001) Clinical Psychological Science and Practice 8, 98. McDermut W, Miller IW, Brown RA. The efficacy of group psychotherapy for depression: a meta-analysis and review of the empirical research...Spring; : -116 [CrossRef] [Web of Science])

As well, there is an abundance of evidence in the literature documenting the effectiveness of individual and group psychotherapy in chronic pain patients. Therefore, Mr. Juarez will be provided with CBT also to help in addressing his pain problems.

The effectiveness of individual and group psychotherapy in chronic pain patients has been firmly established (Gansa A, Bracha RE, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Isang CW, Lam CS, Hui KY, Chan CC. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kuhajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

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The appropriateness and importance of the use of individual and group psychotherapy in chronic pain patients has also been firmly established in further research. (See Gamsa A, Broha RE, Catchlove RF. The use of structured group therapy sessions in the treatment of chronic pain patients. Pain. 1985; 22(1):91-6.; Spence SH. Cognitive-behaviour therapy in the treatment of chronic, occupational pain of the upper limbs: a 2 yr follow-up. Behav Res Ther. 1991; 29(5):503-9.; Basler HD. Group treatment for pain and discomfort. Patient Educ Couns. 1993; 20(2-3):167-75.; Li EJ, Li-Tsang CW, Lam CS, Hui KY, Chan CG. The effect of a "training on work readiness" program for workers with musculoskeletal injuries: a randomized control trial (RCT) study. J Occup Rehabil. 2006; 16(4):529-41.; Thorn BE, Kuhajda MC. Group cognitive therapy for chronic pain. J Clin Psychol. 2006; 62(11):1355-66.)

Cognitive behavioral rehabilitation programs have been demonstrated to be an effective means of reducing psychological distress, of changing cognition, and of improving the function of patients with chronic low back pain (Rose MJ, Reilly JP, Pennie B, Bowen-Jones K, Stanley IM, Slade PD. Chronic low back pain rehabilitation programs: a study of the optimum duration of treatment and a comparison of group and individual therapy. Spine. 1997; 22(19):2246-51; discussion 2252-3.) It has also been shown that psychological interventions in combination with physiotherapy can be effective in treating fibromyalgia patients, especially if applied early (Keel PJ, Bodoky C, Gerhard U, Müller W. Comparison of integrated group therapy and group relaxation training for fibromyalgia. Clin J Pain. 1998; 14(3):232-8.)

Experimental subjects suffering from chronic pain and treated in a multi-modality based setting including the provision of psychotherapy reported less pain, better control over pain, more pleasurable activities and feelings, less avoidance and less catastrophizing. In addition, disability was reduced in terms of social roles, physical functions and mental performance. (Basler HD, Jäkle C, Kröner-Herwig B. Incorporation of cognitive-behavioral treatment into the medical care of chronic low back patients: a controlled randomized study in German pain treatment centers. Patient Educ Couns. 1997; 31(2):113-24.) In the rehabilitation setting, the provision of psychotherapy stable anxiety levels despite increased patient effort implied improved pain tolerance. (Singh G, Willen SN, Boswell MV, Janata JW, Chelmsky TC. The value of interdisciplinary pain management in complex regional pain syndrome type I: a prospective outcome study. Pain Physician. 2004; 7(2):203-9.) Treatment with psychotherapy has also shown to cause a decrease in the degree to which pain interferes with activity, increasing the ability to cope with pain, and allowing a decreased use of some medications and other physical treatments (Puder RS. Age analysis of cognitive-behavioral group therapy for chronic pain outpatients. Psychol Aging. 1988; 3(2):204-7.)

Would the claims administrator please fax to this office a letter of authorization for the aforementioned psychological treatment to be initiated as soon as possible.

It would be hereby requested that the defendant authorize the aforementioned course of emotional treatment at my office.

It should be noted further that Labor Code 5402(b) immediately went into effect with the passage of the Workers' Compensation reform bill on 4/19/04. Labor Code 5402(c) requires the employer to authorize all appropriate medical care up to \$10,000 until the liability for the claimed injury is accepted or rejected. As of 6/1/04, Labor Code 5814 mandates a 25% penalty on the amount of payment unreasonably delayed (10% if self-imposed). Accordingly, it would be requested that the defendant please provide immediate payment.

Would the claims adjuster please provide copies of all medical records, personnel records, investigative reports or any other relevant discovery materials. These data are essential to evaluating complex matters of causation and apportionment. It would also be appreciated if the claims adjuster would provide notification of any scheduled psyche Agreed Medical Examinations, defense QME examinations or panel QME examinations,

Ruben Juarez vs. Space Exploration Technology/SpaceX
Page 16

and/or any reluctance to make reimbursement for a comprehensive permanent and stationary evaluation from this office. Would the adjuster please advise this office if the applicant is not an employee, was the initial aggressor, did not timely report the injury, filed a fraudulent claim or was otherwise not legally eligible for benefits. Would the adjuster please also submit any information relevant to any important upcoming court dates, in particular any expedited hearings or Mandatory Settlement Conferences; and please provide notification of any psyche physician's depositions.

If there are any valid objections such that there would not be the authorization for the requested treatment at this office, could the adjuster please report the basis for such denial within seven days.

For further information on treatment details, please request a brief narrative report. Otherwise, there will be further reports to follow as necessary.

Thank you for your consideration in this matter.

AFFIDAVIT OF COMPLIANCE

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, I believe it to be true.

In the preparation of this report, I was assisted by Thomas A. Curtis, M.D., who edited the first draft and provided the psychological test interpretations.

It should be noted that, aside from the clerical preparation of this report, any reviews deemed necessary and appropriate to identify and determine the relevant psychological issues in this matter and to determine the diagnoses, conclusions and recommendations contained in this report, have been performed by me.

I declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3.

I also declare under penalty of perjury that the attached billing for services is true and correct to the best of my knowledge.

The opportunity to provide this evaluation has been appreciated.

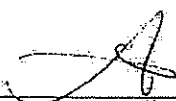
If there are any questions, please feel free to contact me.

Juarez, Ruben
Page 16

Ruben Juarez vs. Space Exploration Technology/SpaceX
Page 17

Signed on 4/13/16 in Los Angeles County, California.

Signature: _____



Gayle K. Windman, Ph.D. (PSY 19944)

EXHIBIT 41

**BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

RUBEN JUAREZ,

APPLICANT,

VS.

SPACE EXPLORATION TECH. CORP.;
CHUBB GROUP OF INS. CO.,

DEFENDANTS.

CASE NO. ADJ9801824

VOLUME I

DEPOSITION OF RUBEN HERNANDEZ JUAREZ

LOS ANGELES, CALIFORNIA

MONDAY, MARCH 30, 2015

2:02 P.M.

**CERTIFIED
COPY**

REPORTED BY: **DANA M. DAVIS**

CSR NO.: **10534**

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BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

RUBEN JUAREZ,

Applicant,

vs.

No. ADJ9801824
VOLUME I

SPACE EXPLORATION TECH.
CORP.; CHUBB GROUP OF INS.
CO.,

Defendants.

DEPOSITION OF RUBEN HERNANDEZ JUAREZ, taken
on behalf of the Defendants, at 3600 Wilshire Boulevard,
Suite 2100, Los Angeles, California, at 2:02 P.M. on
Monday, March 30, 2015, before DANA M. DAVIS, CSR #10534,
RPR, a Certified Shorthand Reporter within and for the
State of California, pursuant to Notice.

-oOo-

A P P E A R A N C E S

For the Applicant:

GRAIWER & KAPLAN, LLP
BY: SHERWIN CONWAY
Attorney at Law
3600 Wilshire Boulevard, Suite 2100
Los Angeles, California 90010
(213) 380-7500

For the Defendants:

ROBIN, CARMACK and GONIA, LLP
BY: ROBERT M. ROBIN
Attorney at Law
131 North El Molino Avenue, Suite 120
Pasadena, California 91101
(626) 568-9800

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I N D E X

VOLUME I

WITNESS

PAGE

RUBEN HERNANDEZ JUAREZ

Examination by Mr. Robin

5

E X H I B I T S

(None entered)

4

1 LOS ANGELES, CALIFORNIA - MONDAY, MARCH 30, 2015

2 VOLUME I

3 2:02 P.M. - 4:03 P.M.

4 -cOo-

5
6 RUBEN HERNANDEZ JUAREZ,
7 called as a witness on behalf of the Defendants, having
8 been first duly sworn, was examined and testified as
9 follows:

10
11 EXAMINATION

12 BY MR. ROBIN:

13 Q Would you state your name for the record,
14 please.

15 A Pardon me?

16 Q Your full name.

17 A Ruben Hernandez Juarez.

18 Q Mr. Juarez, my name is Robert Robin. I'm an
19 attorney. I represent Space Exploration Technologies
20 Corp. and Chubb Group of Insurance Companies in the
21 workers' comp claim you filed. I'm going to conduct your
22 deposition.

23 Have you ever been deposed before?

24 A Yes, I do.

25 Q How many times?

5

assigned persons to do certain areas. So when you're still working there, you're thrown in there and do whatever you have to do.

Q Did you have a supervisor?

A I had a manager.

Q Who was that?

A John Pena.

Q John Pena?

A Uh-huh, yes.

Q What was your work schedule? Five days a week?

A No. It varies. But most of the time it's six days a week.

Q What were your earnings?

A \$31 an hour, I believe.

Q You worked at the Hawthorne location?

A Correct.

Q Did your job title change at any time?

A Yes.

Q When was that?

A Sometime, I want to say, about six, seven months after I started working there.

Q What was your new job title?

A Technician. According to my supervisor, I was going to have the title change, but my responsibilities would remain the same.

22

1 Q Your duties were the same?

2 A Correct.

3 Q Your salary was the same?

4 A Yes. Not looking back --

5 MR. CONWAY: Wait a second.

6 (Interruption in the proceedings.)

7 BY MR. ROBIN:

8 Q Same salary, same duties, correct?

9 A Correct.

10 Q And you continued working at your usual and
11 customary occupation until such time as you had some type
12 of symptoms?

13 A I started having symptoms, I want to say, August
14 of 2013.

15 Q What were the symptoms?

16 A I got dizzy and felt like nauseous. So I
17 request one of my coworkers to go out with me for a walk
18 around the building.

19 Q Who was that?

20 A Jose.

21 Q Jose?

22 A I don't remember his last name. I'm sorry. I
23 think he was like a lead on one of the assembly areas.

24 Q When you say you felt dizzy, can you describe
25 the symptoms to me.

23

1 A Passing-out like symptoms.

2 Q You felt lightheaded?

3 A Lightheaded and passing out.

4 Q You were unconscious?

5 A I was working, and I felt like I was going to
6 pass out, and I felt really dizzy. So I requested Jose
7 to go out with me for a walk because I was feeling
8 extremely dizzy and felt like I was going to throw up.

9 Q You took a walk around the building with Jose?

10 A Yes.

11 Q When you came back, how did you feel?

12 A I still felt pretty bad, but I believe I left
13 for the day. I don't recall.

14 Q You think you finished your shift?

15 A I don't think so. I don't remember.

16 Q What happened next as far as symptoms?

17 A I kept feeling headaches, and sometimes when I
18 walked, I felt dizzy and nauseous.

19 Q These headaches, what part of your head are they
20 located?

21 A On the front area and went from the front to the
22 back.

23 Q Both sides?

24 A Yes. It is similar to a sinus headache.

25 Q How often would you have these frontal

24

1 headaches?

2 A Every week or every other week. I believe I
3 missed quite a bit of work.

4 Q Did you go home early?

5 A Sometimes.

6 Q When did the headaches begin?

7 A Like I say, probably August, September, around
8 there. I don't recall the exact date.

9 Q Of 2014?

10 A 2012.

11 Q 2012 -- excuse me. So when you had these
12 various symptoms, did you see a doctor at that time?

13 A I went to urgent care.

14 Q Is that the first source of any kind of medical
15 treatment or examination you had?

16 A I believe that was the first time I went to
17 see --

18 Q Where is the urgent care?

19 A Facey Medical Group.

20 Q Located on what street?

21 A Sepulveda Boulevard. I think it's Mission Hills
22 or Granada Hills.

23 Q Near your home?

24 A Near my house, yes. Well, because I got an
25 anxiety attack when that happened, so I tried to drive

25

1 home really quickly to go to the doctor.

2 Q And the first time you went there, what
3 treatment or examination did they provide to you?

4 A I don't remember exactly, but they thought I had
5 some kind of ear infection or respiratory infection. So
6 I believe they gave me some antibiotics.

7 Q Did that change your condition in any way?

8 A No.

9 Q What next happened?

10 A I don't quite remember every time I went there.
11 I know I went there, and they told me there was a problem
12 with my balance.

13 Q You told them that?

14 A No. They told me I probably had a problem with
15 my balance because I told them I feel dizzy. So they
16 gave me some kind of medication to help me with the
17 balance, but it didn't work.

18 Q Then what?

19 A Then after that, they told me I probably had a
20 problem with the ears because they control the balance.
21 So they sent me to do a study.

22 Q What kind of study?

23 A For ears. I don't remember what kind of study.

24 Q Hearing test?

25 A Hearing test, but I don't know what they were

26

1 A Yes.

2 Q When did you last speak with her?

3 A Probably about six, seven years ago.

4 Q Do any of your siblings have high blood
5 pressure?

6 A Not that I know of.

7 Q What about your parents?

8 A Not that I know of.

9 Q Any of your siblings or parents ever had an
10 aneurysm?

11 A No.

12 Q Your attorney had requested that we provide him
13 with copies of an MSDS, Material Safety Data information.

14 A Correct.

15 Q Which we have done. Did you work with chemicals
16 of any type at SpaceX?

17 A All the chemicals that I can remember.

18 Q Listed where?

19 A The MSDS. I sent an e-mail to my HR rep
20 requesting those MSDS forms, and she told me that we were
21 going to forward a copy.

22 Q On the list given, there is something called
23 thinner 527. Do you know what this is?

24 A It's a -- can be used as a cleaning agent, or
25 it's also for coating purposes.

49

1 Q Did you work with this chemical?

2 A Yes.

3 Q When?

4 A Through my time with SpaceX.

5 Q What did you do with it?

6 A You use that to soak parts to be cleaned. You
7 use that also to flush the equipment. You use that as a
8 part of a mixture or formula to --

9 Q How often would you use this product?

10 A Every day.

11 Q I'm sorry?

12 A On a daily basis.

13 Q How much of this chemical would you use? Was it
14 a liquid?

15 A It is a liquid.

16 Q How is it stored? In a bottle of some sort?

17 A It's stored in metal cans. I think it's
18 one-gallon containers.

19 Q You'd use very little of it?

20 A It depends. It depends. If I needed to flush
21 equipment, you'd probably use 20 to 30 ounces a unit to
22 soak parts to be cleaned, 40 ounces. It depends what you
23 were doing.

24 Q If you would flush equipment, is this in an
25 enclosed system? It would be pushed into tubes or pipes

50

1 or something?

2 A You have to fill up a canister with that, and
3 then the compressor would push to clean the lines.

4 Q What kind of lines are these?

5 A PVC hoses.

6 Q Is this for hydraulic?

7 A No. It is for coating material.

8 Q How often would you do this?

9 A Most every day.

10 Q For how long?

11 A For a couple minutes or up to a couple -- half
12 an hour or hour or so. The only problem with that is the
13 equipment, they bypass the emergency switch. So
14 sometimes you have to open it. And in normal conditions,
15 it should have shut down, not allow you to work on the
16 machine. But somebody will bypass the safety switch.

17 Q So what does that mean? The machine would
18 operate while --

19 A While you open it, while it's still open, which
20 is hazardous. But that's the way they work.

21 Q You never got hurt or anything on a machine?

22 A No. I did a request to operate the equipment in
23 there, but it never went over. I approved with my then
24 manager to look into acquiring new equipment for safety.

25 Q Who was that?

51

1 A John Pena referred me to New York. I don't
2 remember the date. Because this equipment, I believe,
3 doesn't have a -- doesn't have an alarm system whenever
4 the exhaust fan is not working. The new equipment does
5 have an alarm system whenever the exhaust fan is not
6 working. It will shut down or would not allow you to
7 operate the machine.

8 Q Would the majority of time that you're doing
9 maintenance work using the thinner 527 be just a couple
10 or a few minutes?

11 A For the most part, yes.

12 Q Did you wear any type of mask or respirator or
13 anything like that?

14 A No.

15 Q Did you come in contact with this thinner 527?

16 A Yes.

17 Q How was this contact made?

18 A Sometimes you are under -- literally you press
19 the button to flush the lines, and you stick your head to
20 make sure all the fluid is gone through it, and you get
21 an air bubble. Then you will inhale that thinking that
22 everything is being flushed out, and you still have
23 residue inside the air lines or liquid lines.

24 Q How often would that happen where you would
25 take -- you'd smell it or --

52

1 A Every day. It was part of the regimen.

2 Q That would be a momentary exposure when you'd
3 smell it or possibly breathe some of it?

4 A Yes, because you have to look inside the machine
5 to find out if all the material was bled out. And then
6 due to the fact that -- the way this is set up, sometimes
7 you will get an air pocket. And then you think that
8 everything is gone, and then you got the air pocket.
9 Then you get the spray of the mist, of the material, and
10 you just breathe out.

11 Q How often would this occasional mist exposure
12 occur?

13 A Once or twice a day you have to flush these
14 lines.

15 Q But would that mean every time the line is
16 flushed, you get exposed to it, or would it just happen
17 occasionally?

18 A No. Almost every time you bleed the lines,
19 because since it's a mist, you can't really see if you're
20 really finished bleeding the machine. So you kind of
21 have to stick your head inside the machine.

22 Q This would happen for a moment daily?

23 A Yeah, for a moment. It shouldn't have to be
24 that way, but they bypass the emergency mechanism.

25 Q Is this product, this thinner 527, flammable?

53

1 A As far as I know it is.

2 Q When you work on these machines, are you working
3 with gloves, hand protection?

4 A Sometimes. Sometimes you don't.

5 Q It's up to you?

6 A No, it's not up to me. It's just the material
7 is very -- not the thinner, but the material is mixed
8 with -- it's extremely sticky. So if you wear your
9 gloves, it will constantly break because they will stick
10 to the components or the part you are working with.

11 Q Do you work with anything else when you're
12 working with the 527 thinner?

13 A I was in charge of the sign-in, the tooling
14 for -- to cover the electronic devices that were to be
15 coated with this material. So I sometimes -- most of the
16 time I have to clean it up and review how much damage
17 they had and order new ones or design new fixtures to
18 help the operators. Whenever they have a new chemical
19 that they want to try out because they wanted to have
20 better protection for the electronic devices, they call
21 me to flush the system and put in new lines and set up
22 the machine basically.

23 Q So they can test the new materials?

24 A At that time I had to take the equipment apart,
25 clean it thoroughly with thinner, soak it up for a

54

1 couple -- up to an hour or more and then flush it with
2 the wire flush and put a new rebuild kit.

3 Q Sort of like a carburetor on an old car?

4 A Similar to that. It's just that some of the
5 chemicals, they cannot be mixed because they have a
6 chemical reaction. And you only have a certain period of
7 time to work with them before they start to dry out. So
8 you have to take the whole spray assembly apart and put a
9 new kit, put it back together, try the new chemical, and
10 do it over again. Pick it up or clean it up, put a new
11 kit together. So sometimes it's kind of essential that
12 you work very fast. Otherwise -- sometimes they used
13 two- to three-part chemicals. They start to settle.
14 They start to cure. So you only have a window of time of
15 about a half an hour to 40 minutes.

16 Q Would you use this 527 -- strike that.

17 Would this 527 thinner come into your work in
18 any other manner than that which you've already
19 discussed?

20 A Not that I can remember at this time, no.

21 Q Did you work with a product called 63/67
22 eutectic solder wire?

23 A I didn't work directly with the solder wire.
24 What I was in charge of was to replace the fume extractor
25 filters. Each workstation had a filter ventilation for

55

1 the operators. So whenever they're working doing
2 soldering, the fumes will not go to them. So we had a
3 smoke system, and then I was in charge of replacing those
4 fillers.

5 Q What's involved in replacing the filters?

6 A Opening up the -- like a backpack-size device
7 that you have to remove the cover and replace -- manually
8 replace filters and dispose them for chemical hazard.

9 Q Did you wear gloves?

10 A Just the regular nitrile gloves, yes.

11 Q Nitrile gloves?

12 A Yeah, something like that. I don't know if they
13 were nitrile gloves or they were just latex.

14 Q So you wouldn't be exposed to the solder wire,
15 just the cleaning fumes?

16 A The fume filters. It's not part of that MSDS.
17 I did some of the cleaning for the workstation which uses
18 the same type of solder, 63/67 eutectic solder.

19 Q You'd clean workstations?

20 A No. It's a re-workstation. It's like a
21 fountain, eutectic solder.

22 Q You're talking about a fountain?

23 A Yes. It's a device to rework electronic
24 devices. It's melted solder that would use a submotor to
25 propel the solder to go up like a fountain.

56

1 Q What would you do with this device?

2 A I didn't do it. I did the maintenance on them.

3 Q What does the maintenance require?

4 A You have to remove the soldering tools, remove
5 the pump and propeller and reassemble it.

6 Q When you did this, you wore gloves?

7 A You had to wear high-heat gloves.

8 Q Is the solder liquid at that point?

9 A It's 500 Fahrenheit, yes.

10 Q When you're working, is it still that hot?

11 A You have to.

12 Q You have to work at that heat level?

13 A Yes. Otherwise, the pump is submerged into
14 the --

15 Q The solder?

16 A If you let that cool down, you won't be able to
17 take it out.

18 Q I see. So you use these high-heat gloves,
19 correct? You pull the pump out of the drawer?

20 A Out of the bath.

21 Q Out of the bath, the solder. What do you do
22 with the pump?

23 A Disassembled it, remove the solder doors.

24 Q As you're disassembling, what keeps the solder
25 heated?

57

1 A Well, you remove it from the belt. You remove
2 the pump. The solder still continues to be heated up by
3 electrical heaters. The pump is just assembly of that.

4 Q So these electrical heaters keep the solder hot
5 while you're disassembling?

6 A The liquid, remove the pump. You have to
7 disassemble very quickly before it cools down.

8 Q Solder cools very quickly.

9 A They give you enough time because it takes about
10 five to ten minutes before the pump -- whatever is
11 melted, solder melted inside the screws, it will become
12 solid again. So you have to move fast.

13 Q How much time do you have?

14 A Not much time.

15 Q 30 seconds?

16 A About a minute, minute and a half before you
17 have to take everything apart. Then it will take a
18 couple hours to clean all the solder drawers.

19 MR. ROBIN: Off the record.

20 (Discussion held off the record.)

21 MR. ROBIN: Back on.

22 Q Would you do any other work with solder?

23 A No. Just train the operators on how to use it.

24 Q How to use the machine?

25 A Correct.

58

1 Q So that's all your involvement with 63/67
2 eutectic solder?

3 A Yes.

4 Q The next item is described as HumiSeal 1A33
5 conformal coating. Is that coding or coating?

6 A Coating.

7 Q With a "t." What is this? A liquid?

8 A It's similar to a nail polish.

9 Q Similar to nail polish?

10 A Uh-huh, yes.

11 Q Nail polish remover or the --

12 A The paint. It's similar to it on their
13 application.

14 Q So it's some kind of a paint, correct?

15 A It's more like a protective --

16 Q Coating?

17 A -- coating, yes.

18 Q Is that a color?

19 A Clear.

20 Q And how do you come in contact with this
21 product?

22 A Similar to what I described before. I have to
23 use that on the equipment. I do most of the prototypes
24 and programming for the machine and tooling.

25 Q How often do you use it?

59

1 A Every day.

2 Q Do you wear gloves when you use this product?

3 A You have to.

4 Q Gloves are always worn. Okay.

5 Is it applied to the machine?

6 A You have to fill up the canister, mix the
7 formula of thinner, the one we talked about before and
8 this. You have to adjust the thickness.

9 Q For the --

10 A For the coating.

11 Q Viscosity?

12 A You have to do the mixing for the viscosity.
13 And then after the viscosity is made, then you have to
14 adjust the machine to get the thickness of -- layer of
15 thickness -- the thickness of the layer that you want to
16 apply to the electronic devices.

17 Q That would be the thickness of the coating?

18 A Correct. Approximately five-thousandths of an
19 inch.

20 Q .015 inch. Okay.

21 A .001.

22 Q One-thousandth. Okay.

23 How often do you engage in this type of work?

24 A On a daily basis, through experiment or
25 assistant operator to achieve the goal.

60

1 Q Would your exposure be contact if it touched
2 your skin or something?

3 A Yes. Contact, debriding it, because when we
4 talk about one-thousandth of an inch, we're talking about
5 mistlike material, so --

6 Q Very fine vapor?

7 A Very fine. So you have to kind of slick your
8 head in there and see if it's actually applied. That's
9 why I request my management for some samples so we don't
10 have to go in there. But they never allow me to purchase
11 a machine to check the thickness of that. We do have
12 coupons that we spray on, and then we check the thickness
13 on the coupons.

14 Q Coupons?

15 A Correct.

16 Q So there's like test materials?

17 A Correct, since it's very critical. Those
18 dimensions are also very critical. I order some coupons
19 to match up so they can prevent any error in spraying
20 material.

21 Q When you're spraying and -- the machine is
22 spraying this coating, that vapor is spraying like in
23 microns?

24 A Correct. Sometimes you can't even see it,
25 sometimes.

61

1 Q Any other contact with this product, this
2 HumiSeal?

3 A I was introducing the programming to use the
4 machine, to program it to do certain areas only. So I
5 did spend quite a bit of time doing some programs on it.

6 Q But when you're programming the machine, you're
7 not using the chemicals?

8 A Yes, you are, because you have a dry run and a
9 wet run. Dry run is the machine goes through the
10 exercises without applying any material, and wet run is
11 when you do the machine, the routine and spraying as
12 well.

13 Q The dry run is to make sure the area is correct;
14 the wet is actually to use the coupons to check?

15 A Correct.

16 MR. ROBIN: Off the record.

17 (Discussion held off the record.)

18 MR. ROBIN: At this point, the parties will
19 stipulate to finish the deposition of Volume II --
20 actually continue the depo to Volume II. Volume I, we
21 will stipulate to relieve the court reporter of her
22 obligations of the transcript, waiving CCP 2025 (q) and
23 (s). Original and one to applicant's attorney, copy to
24 myself, four-to-one condensed to me. Any changes,
25 amendments, deletions, or corrections to the testimony of

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1 the deponent shall be noticed to opposing counsel in
2 writing within 45 days. Penalty of perjury is agreeable.
3 If the original signed copy is not available for any
4 purpose, an unsigned copy can be introduced into evidence
5 as though a signed original for all purposes.

6 So stipulated?

7 MR. CONWAY: Yes.

8 [Deposition proceedings concluded at 4:03 P.M.]

9 -oOo-

10

11

12 I, the undersigned, have read the foregoing
13 deposition and declare under penalty of perjury that the
14 foregoing is true and correct.

15 Executed this _____ day of _____, 20____,
16 at _____,

17

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RUBEN HERNANDEZ JUAREZ

63

**BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

RUBEN JUAREZ,

APPLICANT,

VS.

SPACE EXPLORATION TECH. CORP.;
CHUBB GROUP OF INS. CO.,

DEFENDANTS.

CASE NO. ADJ9801824

VOLUME II

DEPOSITION OF RUBEN JUAREZ

LOS ANGELES, CALIFORNIA

WEDNESDAY, MAY 20, 2015

10:25 A.M.

**CERTIFIED
COPY**

REPORTED BY: CATINA PERAHIA

CSR NO.: 9731

PERANICH REPORTING

Certified Shorthand Reporters

5241 E. Santa Ana Canyon Road, Suite 100
Anaheim Hills, CA 92807
(800) 956-4784
(714) 637-3774
Fax (714) 637-3023

BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
FOR THE STATE OF CALIFORNIA

RUBEN JUAREZ,

Applicant,

vs.

SPACE EXPLORATION TECH. CORP.;
CHUBB GROUP OF INS. CO.,

Defendant.

CASE NO.: ADJ9301824

VOLUME II

DEPOSITION OF RUBEN JUAREZ,

taken on behalf of the Defendant, at 3600 Wilshire
Boulevard, Suite 2100, Los Angeles, California, at
10:25 A.M., on Wednesday, May 20, 2015, before CATINA M.
PERAHIA, CSR 49731, a Certified Shorthand Reporter within
and for the State of California, pursuant to Notice.

-oOo-

APPEARANCES OF COUNSEL:

For the Applicant:

GRAIWER & KAPLAN
BY: SHERWIN CONWAY
Attorney at Law
3600 Wilshire Boulevard
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Los Angeles, California 90010
(213) 380-7500

For the Defendant:

ROBIN, CARMACK and GONIA, LLP
BY: ROBERT M. ROBIN
Attorney at Law
131 North El Molino Avenue
Suite 120
Pasadena, California 91101
(626) 568-9800

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I N D E X

WITNESS

PAGE

RUBEN JUAREZ

Examination by Mr. Robin

70

E X H I B I T S

(NONE)

69

1 LOS ANGELES, CALIFORNIA; WEDNESDAY, MAY 20, 2015

2 10:25 A.M. - 11:56 A.M.

3 -000-

4
5 RUBEN JUAREZ,

6 having solemnly sworn to tell the truth,

7 was examined and testified as follows:

8
9 EXAMINATION

10 BY MR. ROBIN:

11 Q. Mr. Juarez, you recall our first deposition --

12 A. I do.

13 Q. -- where I gave you the admonition as to the
14 procedure? Would you like me to repeat that?

15 A. Yes, because --

16 Q. Okay. I'm going to continue to ask you
17 questions about the claim you have filed for workers'
18 compensation benefits in this second volume of the
19 deposition. To each of my questions, I would ask that
20 you give me a response loud enough for all of us to hear.

21 The reporter is taking down everything that is
22 said exactly as it is said. All testimony is under
23 penalty of perjury. It has the same force and effect as
24 if we were in a court of law.

25 Please wait for the end of my question, as the

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1 Q. You applied for Social Security disability?

2 A. SSDI, yeah.

3 Q. When was that?

4 A. I want to say some time in April.

5 Q. Have you received a determination?

6 A. No, no. I just receive some information about
7 the process, and I receive a phone call from
8 Social Security asking me about my case and that was it.

9 Q. So the case is pending?

10 A. Yes. I think they have to review it, and they
11 have to make a determination. There were -- I was told
12 that they were going to send me some forms on the mail,
13 and I have to fill it up and send it back somewhere. I
14 think in Utah or somewhere like that.

15 Q. Are these medical authorizations to release
16 medical information so they --

17 A. I don't think so. I'm not sure. The person
18 that I talked to -- I talked to him twice.

19 Q. Right.

20 A. The first time he told me he was going to send
21 me a copy of the claim itself. And then he also told me
22 to get a copy of my State disability payment, which I
23 did, and mail it back to them.

24 And then thereafter he called me, and he left a
25 voicemail saying that I was going to receive a package of

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1 forms, to fill it out as much as possible and then send
2 it back to them. And that's --

3 Q. That was it?

4 A. That was it.

5 Q. When last we were here in Volume I of your
6 deposition, we had discussed various chemicals that you
7 had used or been present with at the Space Ex facility.
8 We talked about Thinner 527, eutectic solder wire,
9 HumiSeal LA33, conformal coating --

10 A. Yes. And by the way, on the eutectic solder,
11 it's not just a solder wire. It's solder bars as well.

12 Q. The same solder, just in different form?

13 A. Different composition, yes. I mean --

14 Q. Different shape?

15 A. Yes. The formula is the same, but this one is
16 in a bar.

17 Q. Right.

18 A. And I also like to -- we did not have the
19 proper -- the proper container to dispose the solder that
20 it was coming out of a solder pot that we had.

21 Q. Was that for storage?

22 A. That's for disposal. Under California you have
23 to have a container to dispose that because it's lead.
24 And we only had a plastic container which not adequate to
25 store.

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1 And, also, for the HumiSeal I was not -- I was
2 never given the proper equipment to replace the filter
3 system on the conformal coating, which I think the
4 company should change the policy on that.

5 Q. And I also note that -- did you use isopropyl
6 alcohol for anything?

7 A. Actually, it was something that aggravate my
8 situation because they put a station right next to my
9 work area. A wash area where they use alcohol to wash
10 PCB's, printed circuit board assemblies. And they would
11 blow it right next to me.

12 Q. Printed circuit --

13 A. Board.

14 Q. PCB's.

15 A. Printed circuit board assemblies.

16 Q. You're saying there was some type of odor;
17 correct?

18 A. Well, it was the odor on the mist from when they
19 were using compressed air to blow that to dry them out,
20 and I was right next to the station.

21 Q. How far away?

22 A. About 12 inches.

23 Q. You were 12 inches away from the wash station?

24 A. Yes, to the wash area.

25 Q. How often would they use this wash station?

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1 A. Every day.

2 Q. For how long?

3 A. Through the entire work time.

4 Q. Were those all of the chemicals that you came in
5 any type of contact with?

6 A. Um, as far as I can remember. I don't know. I
7 gave the list to the HR, human resources.

8 Q. Okay.

9 A. I don't know whether there are chemicals --

10 Q. That's fine.

11 A. Because I don't remember. It was HumiSeal, and
12 it was two other -- two-part or three-part component,
13 alcohol, eutectic solder, and I don't remember if I
14 missed one or not.

15 Q. I show that your occupation was designated
16 ultimately as a computer programmer; is that correct?

17 A. Due to the fact that there were always new head
18 management, my title changed, but I was mostly doing
19 manufacture engineer work under different title.

20 Q. What was that title?

21 A. The first they assigned me as an equipment
22 specialist, but it didn't have any description, job
23 description. And then after that I think they changed it
24 to a technician or something like that, but I was still
25 doing the same manufacture engineer work.

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1 Q. That was working with the machinery and
2 programming?

3 A. Working with machinery, programming,
4 troubleshooting, ordering equipment.

5 Q. When you say "troubleshooting," you get machines
6 to work; you fix problems?

7 A. Correct. And also working with a process, fine
8 tuning the process, ordering new equipment.

9 Q. And the process, you're talking about the
10 manufacturing process?

11 A. Correct. Including design of fixtures to aide
12 the operators.

13 Q. Were these machines C and C types?

14 A. No, it was conformal coating equipment.

15 Q. Conform?

16 A. Conformal coating equipment.

17 Q. Coating.

18 A. And inspection. Optical inspection equipment.

19 AOL, automatic optical inspection. I traveled to

20 San Diego to train and also to New York.

21 I did request an upgrade for our current machine
22 because it didn't have the safety feature which it had
23 had under conformal coating, such as it didn't have the
24 alarm to know when the suction was working or not.

25 Q. So you wanted some type of an alarm system built

1 in?

2 A. No. To upgrade the equipment itself, because
3 the current equipment -- it was obsolete, and it didn't
4 have the alarm system to advise the operator that the
5 suction system was not working or pulling all of the
6 fumes out of it.

7 Q. Okay.

8 A. So I end up buying some separate standalone
9 filtration system for that area.

10 Q. For the work area; correct?

11 A. Yes, for the equipment and for the drying out
12 area. They use a designated area to -- where the boards
13 were dried out from the chemicals. So I purchased those
14 standalone system.

15 Q. Right.

16 A. To help out to clean the air because it was
17 pretty bad.

18 Q. And when did you get this system?

19 A. I don't remember the date.

20 Q. Approximately.

21 A. I -- no, I don't want to speculate on that. My
22 memory is not that well.

23 I also purchased an inspection system and --
24 with that -- from England. I also purchased a filtration
25 system for that inspection area as well. I was trying to

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1 make things better for the operators and the inspectors
2 because the fumes can be pretty strong.

3 Q. All right.

4 A. And I designed some of the fixtures so we didn't
5 have to use that many chemicals. And some did work. I
6 was in the process of using a preform tape so they don't
7 have to use so much labor and helping out the operator
8 not being exposed to the conformal coating materials. So
9 I was trying to make things better for the operators.

10 Q. Okay. Is that all of your job duties?

11 A. No. That was part of my job duties. The rest
12 of it was designing, programming and equipment repair.
13 So even though my title did say something, it didn't
14 actually reflect my duties.

15 Q. Okay.

16 A. And I was advised by my manager that my title
17 might change but not to worry about it, that I would be
18 doing the same thing, which end up not being true.

19 Q. Who is the manager?

20 A. John Peana. P-e-a-n-a. When I tried to return
21 to work, they told me I was a technician, which was
22 ludicrous. And they denied me to return to work because
23 they say my medical condition.

24 Q. Are those all of your job duties?

25 A. That I can remember.

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**BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

RUBEN JUAREZ,

APPLICANT,

VS.

**SPACE EXPLORATION TECH. CORP.; CHUBB
GROUP OF INS. CO.,**

DEFENDANTS.

CASE NO. ADJ9801824

VOLUME III

DEPOSITION OF RUBEN JUAREZ

LOS ANGELES, CALIFORNIA

WEDNESDAY, OCTOBER 21, 2015

10:07 A.M.

**CERTIFIED
COPY**

REPORTED BY: **DIANA ALDRICH**

CSR NO.: **12877**

PERANICH REPORTING

Certified Shorthand Reporters

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Anaheim Hills, CA 92807
(800) 956-4784
(714) 637-3774
Fax (714) 637-3023

BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
FOR THE STATE OF CALIFORNIA

RUBEN JUAREZ,)
)
 Applicant,)
)
 vs.) No. ADJ9801824
)
 SPACE EXPLORATION TECH. CORP.;)
 CHUBB GROUP OF INS. CO.,)
)
 Defendants.) VOLUME III

DEPOSITION OF RUBEN JUAREZ, taken on behalf of
the Defendants, at 3600 Wilshire Boulevard,
Suite 2100, Los Angeles, California, commencing at
10:07 a.m., on Wednesday, October 21, 2015, before
DIANA ALDRICH, CSR No. 12877, Certified Shorthand
Reporter within and for the State of California.

* * *

118

1 APPEARANCES:

2
3
4 FOR THE APPLICANT:

5 LAW OFFICES OF GRAIWER & KAPLAN
6 BY: SAMUEL SALAZAR
7 ATTORNEY AT LAW
8 3600 Wilshire Boulevard
9 Suite 210C
10 Los Angeles, California 90010
11 (213) 380-7500

12
13
14 FOR THE DEFENDANTS:

15 LAW OFFICES OF ROBIN, CARMACK and GONIA, LLP
16 BY: ROBERT M. ROBIN
17 ATTORNEY AT LAW
18 131 North El Molino Avenue
19 Suite 120
20 Pasadena, California 91101
21 (626) 568-9800
22
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24
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I N D E X

WITNESS:

PAGE

RUBEN JUAREZ

Examination by Mr. Robin

121

E X H I B I T S

(None entered)

QUESTIONS WITNESS INSTRUCTED NOT TO ANSWER

(NONE)

120

1 LOS ANGELES, CALIFORNIA; WEDNESDAY, OCTOBER 21, 2015

2 10:07 A.M. - 12:02 P.M.

3 * * *

4
5 RUBEN JUAREZ,

6 called as a witness on behalf of the Defendants, having
7 been first duly sworn, was examined and testified as
8 follows:

9
10 EXAMINATION

11 BY MR. ROBIN:

12 Q. Would you state your full name for the record,
13 please.

14 A. Ruben Hernandez Juarez.

15 Q. Good morning, Mr. Juarez.

16 A. Good morning.

17 Q. I'm Robert Robin. We've met before as you
18 recall.

19 A. Yes, I recall.

20 Q. I'm about to continue your deposition. This
21 is volume three. You've had an opportunity of meeting
22 with your attorney and preparing for this session
23 today?

24 A. Yes.

25 Q. About how much time did you spend?

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1 he just sent me to do exercise.

2 Q. What kind?

3 A. He didn't say.

4 Q. But you don't do any exercise other than this
5 occasional walking around the neighborhood, correct?

6 A. Correct.

7 MR. ROBIN: Shall we stipulate to relieve the
8 reporter of her obligation to file the original
9 transcript? Original and one copy to Applicant's
10 attorney, copy to myself;

11 Any changes, amendments, deletions or
12 corrections in the testimony of the deponent shall be
13 noticed in writing within 45 days of receipt of the
14 transcript;

15 If the signed original is not available for
16 any reason, an unsigned copy can be introduced for all
17 purposes into evidence as though a fully signed
18 original.

19 Can I have a four on one page copy also?

20 So stipulated?

21 MR. SALAZAR: So stipulated.

22 MR. ROBIN: Start time, please?

23 THE REPORTER: The start time is 10:07 a.m.,
24 and the stop time is 12:02 p.m.

25 (Deposition proceedings concluded at 12:02 p.m.)

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DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned, say I have read the
foregoing deposition and declare under penalty of
perjury that the foregoing is true and correct.

Executed this ____ day of _____,
2015, at _____, _____.

RUBEN JUAREZ

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REPORTER'S CERTIFICATE

I, DIANA ALDRICH, CSR #12877, a Certified
Shorthand Reporter within and for the State of
California, do hereby declare:

That pursuant to 2093(b) CCP, I administered
the oath to the deponent;

That the foregoing deposition was taken
before me at the time and place set forth and was
taken down by me in shorthand and thereafter
transcribed into typewriting under my direction and
supervision;

That the foregoing deposition is a full,
true and correct transcript of my shorthand notes so
taken.

I further declare that I am neither counsel
for nor related to any of the parties to said action
nor in any way interested in the outcome thereof.

I declare under penalty of perjury this 30th
day of October, 2015, that the foregoing is true
and correct.

Diana Aldrich
CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

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(714) 637-3774

EXHIBIT 42

From: Jane Malubag Jane.Malubag@spacex.com
Subject: RE: MSDS
Date: March 12, 2015 at 8:23 PM
To: ruben juarez rubjua70@yahoo.com
Cc: Mike Lynch Mike.Lynch@spacex.com

Hi Ruben,

I wanted to follow-up on the voice message that you left for Mike and myself today regarding your request for the MSDS' listed below in your e-mail. All the documents were sent to our insurance company and will be forwarded to your attorney. Please contact your lawyer for a copy.

Thank you.

Jane Malubag

-----Original Message-----

From: Jane Malubag
Sent: Tuesday, March 03, 2015 4:14 PM
To: ruben juarez
Cc: Mike Lynch
Subject: RE: MSDS

Hi Ruben,

The records will be sent to your attorney by our insurance company. Also, Diane Prins is no longer with SpaceX so I've copied Mike Lynch, HR Director, to this e-mail. Thank you.

Sincerely,
Jane Malubag

-----Original Message-----

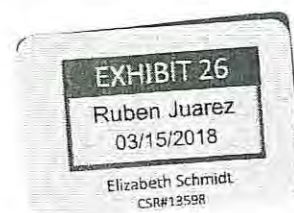
From: ruben juarez [mailto:rubjua70@yahoo.com]
Sent: Tuesday, March 03, 2015 3:43 PM
To: Jane Malubag
Cc: Diane Prins
Subject: MSDS


Hello Jane,

I need a copy of the following MSDS, who do I need to contact to obtain them?

1. Arathane two part mix.
2. Thinner 521.
3. 63/37 eutectic solder wire.
4. HumiSeal 1A33 conformal coating.
5. Isopropyl alcohol (IPA).

Thank you





Regards,

Ruben Juarez

EXHIBIT 43

Catalona, Alex

From: Teresa Li <teresa@lawofficesofteresali.com>
Sent: Monday, March 05, 2018 11:24 AM
To: Catalona, Alex
Cc: Teresa Li; Milanfar, Shahrad
Subject: Re: Juarez case - depo. notice to plaintiff Ruben Juarez

He does not need an interpreter.

Teresa Li, Esq.

Law Offices of Teresa Li, PC

East Bay Office:

6701 Koll Center Parkway, Suite 250

Pleasanton, CA 94566

Phone: (888) 635-3259

Fax: (888) 646-5493

Email: Teresa@LawOfficesOfTeresaLi.com

www.lawofficesofteresali.com

San Francisco Satellite Office:

315 Montgomery Street, 9th Floor

San Francisco, CA 94104

Phone: (415) 423-3377

Fax: (415) 423-3402

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On Mar 5, 2018, at 11:22 AM, Catalona, Alex <acatalona@bksca.com> wrote:

Teresa, Last week Jerry emailed you an amended deposition notice with the address.

Los Angeles Marriott Burbank

2500 N. Hollywood Way, Meeting Room P125E

Burbank, CA 91505

Please confirm that Ruben Juarez does not need an interpreter for the deposition. Thank you.
-Alex

From: Teresa Li [<mailto:teresa@lawofficesofteresali.com>]

Sent: Wednesday, February 28, 2018 5:11 PM

To: Catalona, Alex <acatalona@bksca.com>

Cc: Milanfar, Shahrad <smilanfar@bksca.com>

Subject: Re: Juarez case - depo. notice to plaintiff Ruben Juarez

EXHIBIT 44

COLOR

Arathane



Search Tips

59 results, Page 1

[\(/view/4373370/7574963\)](/view/4373370/7574963)**Arathane 3304 IS CH (/msds/7574963/arathane-3304-is-ch)**

Manufacturer Huntsman Advanced Materials
Product code 00054220
Revision date 2012 August 10
Language Danish

[\(/view/3712598/7815589\)](/view/3712598/7815589)**Arathane 5750 B(LV) (/msds/7815589/arathane-5750-blv)**

Manufacturer Huntsman Advanced Materials (Vantico AG)
Product code 00055441
Revision date 2012 December 19
Language English

[\(/view/4503497/7848053\)](/view/4503497/7848053)**Arathane 5750 B(LV) (/msds/7848053/arathane-5750-blv)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2013 December 11
Language English

**Arathane 7760 (/msds/9973867/arathane-7760)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code

Arathane



Search Tips

59 results, Page 2

[\(/view/3191868/5469346\)](#)**Arathane 3427 PO CI (/msds/5469346/arathane-3427-po-ci)**

Manufacturer Huntsman Advanced Materials (Vantico AG)

Product code

Revision date 2009 March 21

Language English[\(/view/2168120/3555518\)](#)**Arathane CW 8690 (/msds/3555518/arathane-cw-8690)**

Manufacturer Huntsman Advanced Materials America Inc

Product code

Revision date 2004 February 17

Language English[\(/view/4598496/8036441\)](#)**Arathane 5753 B(LV) (/msds/8036441/arathane-5753-blv)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)

Product code

Revision date 2013 December 11

Language English**Arathane 7760-1 (/msds/8034999/arathane-7760-1)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)

Product code

[\(/view/4559252/8034999\)](#)

Revision date 2013 December 11
Language English

[\(/view/3146287/5373878\)](#)**Arathane 3304 IS (/msds/5373878/arathane-3304-is)**

Manufacturer Huntsman Advanced Materials
Product code
Revision date 2009 March 27
Language Danish

[\(/view/1002972/1544889\)](#)**Arathane AY 5510 (/msds/1544889/arathane-ay-5510)**

Manufacturer Ciba Specialty Chemicals Canada
Product code
Revision date 1992 May 12
Language English

[\(/view/1003178/1545321\)](#)**Arathane AY 5500 (/msds/1545321/arathane-ay-5500)**

Manufacturer Ciba Specialty Chemicals Canada
Product code
Revision date 1992 May 12
Language English

[\(/view/4562551/7970970\)](#)**Arathane 5750 B (LV) (/msds/7970970/arathane-5750-b-lv)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code
Revision date 2013 December 11
Language French

[\(/view/4562541/7970960\)](#)**Arathane 5750 Part A (/msds/7970960/arathane-5750-part-a)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code
Revision date

2013 December 11

Language

French



(/view/4576028/8046742)

Arathane 7760 (/msds/8046742/arathane-7760)

Manufacturer Huntsman Petrochemical Corporation
Product code
Revision date 2013 December 11
Language English



(/view/3161155/7867293)

Arathane 3304 IS CH (/msds/7867293/arathane-3304-is-ch)

Manufacturer Huntsman Advanced Materials
Product code 00054220
Revision date 2012 August 10
Language Italian



(/view/3712620/6395995)

Arathane 5750 A (/msds/6395995/arathane-5750-a)

Manufacturer Huntsman Advanced Materials (Vantico AG)
Product code
Revision date 2010 June 09
Language English



(/view/5591335/9737091)

Arathane 5750 A (/msds/9737091/arathane-5750-a)

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code 00052694
Revision date 2013 December 11
Language French



(/view/5591336/9737092)

Arathane 5750 B(LV) (/msds/9737092/arathane-5750-blv)

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2013 December 11
Language

[French](#)[\(View/4048750/7130492\)](#)**Arathane 7762 US (/msds/7130492/arathane-7762-us)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code 00066332
Revision date 2013 February 22
Language [English](#)

[\(View/1491282/7124419\)](#)**Arathane AW 8680US (/msds/7124419/arathane-aw-8680us)**

Manufacturer Huntsman Advanced Materials America Inc
Product code
Revision date 2010 August 13
Language [English](#)

[\(View/3950601/9680140\)](#)**Arathane 7760 (/msds/9680140/arathane-7760)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code 00066724
Revision date 2013 December 11
Language [English](#)

[\(View/2322001/3828217\)](#)**Arathane Ay 8685 (/msds/3828217/arathane-ay-8685)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2004 January 21
Language [English](#)

[\(View/1468659/8519307\)](#)**Arathane 7762 (/msds/8519307/arathane-7762)**

Manufacturer Huntsman Petrochemical Corporation
Product code
Revision date 2013 December 12
Language [English](#)

**Arathane 5750 B(LV) (/msds/8519794/arathane-5750-blv)****Manufacturer** Huntsman Advanced Materials Americas Inc.**Product code** 00055441**Revision date** 2013 December 11**Language** English[\(/view/4848429/8519794\)](/view/4848429/8519794)[Previous \(/Msds/Search?q=Arathane&start=0\)](/Msds/Search?q=Arathane&start=0) [1 \(/Msds/Search?q=Arathane&start=0\)](/Msds/Search?q=Arathane&start=0) [2 \(/Msds/Search?q=Arathane&start=20\)](/Msds/Search?q=Arathane&start=20)[3 \(/Msds/Search?q=Arathane&start=40\)](/Msds/Search?q=Arathane&start=40) [Next \(/Msds/Search?q=Arathane&start=40\)](/Msds/Search?q=Arathane&start=40)



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[\(/view/3249566/9973867\)](#)

00066724

Revision date 2013 December 11

Language English[\(/view/3867333/6764018\)](#)**Arathane 7762 (/msds/6764018/arathane-7762)**

Manufacturer Huntsman Advanced Materials America Inc

Product code

Revision date 2009 June 10

Language English[\(/view/5543426/9644398\)](#)**Arathane 4497 Po (/msds/9644398/arathane-4497-po)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)

Product code

Revision date 2008 February 25

Language English[\(/view/2277073/7095991\)](#)**Arathane AW 8680 US (/msds/7095991/arathane-aw-8680-us)**

Manufacturer Huntsman Advanced Materials Americas inc.

Product code

Revision date 2010 August 13

Language English[\(/view/5738550/10008393\)](#)**Arathane 5888 PO US (/msds/10008393/arathane-5888-po-us)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)

Product code

Revision date 2013 October 30

Language English[\(/view/5555805/9664745\)](#)**Arathane 5753 A US (/msds/9664745/arathane-5753-a-us)**

Manufacturer Huntsman Pigments Americas LLC

Product code 00055777

Revision date

2013 October 03

Language

English

[\(/view/5738300/10007978\)](/view/5738300/10007978)**Arathane 5888 IS US (/msds/10007978/arathane-5888-is-us)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code
Revision date 2013 October 30
Language English

[\(/view/1398366/7879765\)](/view/1398366/7879765)**Arathane 5750B (LV) (/msds/7879765/arathane-5750b-lv)**

Manufacturer Huntsman Advanced Materials Americas inc.
Product code FPC0078
Revision date 2013 December 11
Language English

[\(/view/1328677/7879764\)](/view/1328677/7879764)**Arathane 5750A (/msds/7879764/arathane-5750a)**

Manufacturer Huntsman Advanced Materials Americas inc.
Product code FPC0101
Revision date 2013 December 11
Language English

[\(/view/3235907/7889205\)](/view/3235907/7889205)**Arathane 3304 IS CH (/msds/7889205/arathane-3304-is-ch)**

Manufacturer Huntsman Advanced Materials
Product code 00054798,2100129
Revision date 2012 August 10
Language Danish

[\(/view/1503929/7899881\)](/view/1503929/7899881)**Arathane AW 5540 Us (/msds/7899881/arathane-aw-5540-us)**

Manufacturer Huntsman Advanced Materials America Inc.
Product code
Revision date 2013 February 22
Language

[English](#)[\(/view/5850280/10178536\)](#)**Arathane 5753 A (/msds/10178536/arathane-5753-a)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2015 December 09
Language [English](#)

[\(/view/5555801/10390104\)](#)**Arathane 5753 B(LV) (/msds/10390104/arathane-5753-blv)**

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code
Revision date 2016 December 16
Language [French](#)

[\(/view/4689533/8359106\)](#)**Arathane 5753TX (/msds/8359106/arathane-5753tx)**

Manufacturer Specialty Polymers & Services, Inc. / SP&S
Product code
Revision date 2010 September 05
Language [English](#)

[\(/view/3191019/5717946\)](#)**Arathane 3427 PO (/msds/5717946/arathane-3427-po)**

Manufacturer Huntsman Advanced Materials
Product code
Revision date 2009 March 21
Language [German](#)

[\(/view/3146190/5717945\)](#)**Arathane 3427 PO (/msds/5717945/arathane-3427-po)**

Manufacturer Huntsman Advanced Materials (Vantico AG)
Product code
Revision date 2009 March 27
Language [Danish](#)

[\(/view/4737200/8291948\)](/view/4737200/8291948)**Arathane 5750 LV A/B Freeze-Pak (/msds/8291948/arathane-5750-lv-a-b-freeze-pak)****Manufacturer** Bacon Industries Inc.**Product code****Revision date** 2013 July 31**Language** English[1 \(/Msds/Search?q=Arathane&start=0\)](/Msds/Search?q=Arathane&start=0)[2 \(/Msds/Search?q=Arathane&start=20\)](/Msds/Search?q=Arathane&start=20)[3 \(/Msds/Search?q=Arathane&start=40\)](/Msds/Search?q=Arathane&start=40)[Next \(/Msds/Search?q=Arathane&start=20\)](/Msds/Search?q=Arathane&start=20)



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Arathane



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[\(/view/4833035/8489968\)](#)**Arathane 7762-1 (/msds/8489968/arathane-7762-1)**

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2013 December 12
Language English

[\(/view/2553095/4454649\)](#)**Arathane (Uralane) 7768 (/msds/4454649/arathane-uralane-7768)**

Manufacturer Huntsman Advanced Materials America Inc.
Product code FPC3111
Revision date 2004 January 29
Language English

[\(/view/3146290/6359543\)](#)**Arathane 3304 IS CI (/msds/6359543/arathane-3304-is-ci)**

Manufacturer Huntsman Advanced Materials
Product code
Revision date 2009 March 22
Language English

**Arathane 5874 PO US (/msds/4278312/arathane-5874-po-us)**

Manufacturer Huntsman International LLC
Product code

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13483, 5874

Revision date 2004 January 29

Language English[\(/view/2535863/4255270\)](#)**Arathane 5814 IS US (/msds/4255270/arathane-5814-is-us)**

Manufacturer Huntsman Advanced Materials Americas Inc.

Product code

Revision date 2004 January 28

Language English[\(/view/4487621/8843332\)](#)**Arathane 5750 A (/msds/8843332/arathane-5750-a)**

Manufacturer Huntsman Advanced Materials Americas Inc.

Product code 00052694

Revision date 2013 December 11

Language English[\(/view/2474579/4117343\)](#)**Arathane CY 8877 (/msds/4117343/arathane-cy-8877)**

Manufacturer Huntsman Advanced Materials Americas inc.

Product code

Revision date 2004 January 29

Language English[\(/view/7758636/12376545\)](#)**Arathane 5753 A (/msds/12376545/arathane-5753-a)**

Manufacturer Huntsman Holland BV Huntsman Polyurethanes

Product code

Revision date 2017 September 12

Language French[\(/view/8405345/13133518\)](#)**Arathane 5753 A (/msds/13133518/arathane-5753-a)**

Manufacturer Huntsman Petrochemical Corporation

Product code

Revision date

2015 December 09

Language

French



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Arathane 5814 PO US (/msds/13155561/arathane-5814-po-us)

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2016 May 04
Language English



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Arathane 3304 IS CH (/msds/13155778/arathane-3304-is-ch)

Manufacturer Huntsman Petrochemical Corporation
Product code
Revision date 2017 January 10
Language English



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Arathane AW 8680 US (/msds/13205627/arathane-aw-8680-us)

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2010 August 13
Language French



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Arathane 5753A (/msds/8039734/arathane-5753a)

Manufacturer Huntsman Advanced Materials Americas Inc.
Product code
Revision date 2013 December 11
Language English



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Arathane 5753 B(LV) (/msds/9973834/arathane-5753-blv)

Manufacturer Huntsman Petrochemical Corporation (ALL MSDS REQUEST)
Product code 00056450
Revision date 2013 December 11
Language

[English](#)[\(/view/7608317/12084947\)](/view/7608317/12084947)**Arathane 5750AB(LV) Pre-mixed & Frozen (/msds/12084947/arathane-5750ablv-pre-mixed-frozen)**

Manufacturer Specialty Polymers & Services, Inc. / SP&S
Product code
Revision date 2017 June 14
Language [English](#)

[\(/view/4623141/8120044\)](/view/4623141/8120044)**Arathane 5750LV A/B/ACC/COS/Tracer Freezepack (/msds/8120044/arathane-5750lv-a-b-acc-cos-tracer-freezepack)**

Manufacturer Bacon Industries Inc.
Product code
Revision date 2014 October 14
Language [English](#)

[\(/view/3131976/6702934\)](/view/3131976/6702934)**Arathane 3304 IS (/msds/6702934/arathane-3304-is)**

Manufacturer 亨斯迈化工贸易(上海)有限公司
Product code
Revision date 2009 March 24
Language [Chinese \(Simplified\)](#)

[\(/view/4030226/7091693\)](/view/4030226/7091693)**Arathane 5750A or Part A (/msds/7091693/arathane-5750a-or-part-a)**

Manufacturer RAM Technical Coatings LLC
Product code B185313, HMS 16-2105, SCD 172605, SCGMS 56021, SM80164
Revision date
Language [English](#)

[\(/view/4030221/7091687\)](/view/4030221/7091687)**Arathane 5750B (LV) or Part B (Type II) (/msds/7091687/arathane-5750b-lv-or-part-b-type-ii)**

Manufacturer RAM Technical Coatings LLC
Product code

HMS 16-2105, SCD 172605, SCGMS 56021

Revision date

Language

English

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